

RHODE ISLAND  
BREASTFEEDING  
RESOURCE DIRECTORY  
2009-2010



## ACKNOWLEDGMENTS

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The Rhode Island Breastfeeding Coalition would like to thank the Rhode Island Department of Health Special Supplemental Nutrition Program for Women, Infants and Children and the Initiative for a Healthy Weight for updating and printing this latest edition of the Rhode Island Breastfeeding Resource Directory. We would also like to acknowledge the work and efforts of the members of the coalition, without whose help this project would not have been possible.

**This resource directory and updated information are available at  
[www.health.ri.gov/topics/breastfeeding.pdf](http://www.health.ri.gov/topics/breastfeeding.pdf)**

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## ABOUT THIS RESOURCE DIRECTORY

Dear Health Care Professional,

During this special time in a woman's life, an expecting or breastfeeding mother may have questions or concerns about breastfeeding her child. There are numerous resources available to mothers and health care professionals to help answer those questions and provide useful information, services, and support.

In this resource directory you will find breastfeeding resources including classes, support services, books, videos, websites, and professional services. In addition, this directory has tools and guidelines that health professionals can turn to for easy access to information on managing common breastfeeding problems. It is our hope that you will become familiar with the information available in this resource directory so that you may be of great help to the next mother who needs information or support to make her breastfeeding experience a positive one.

With best regards,



Kathleen Moren, RN, IBCLC  
Chair, Rhode Island Breastfeeding Coalition  
Lactation Consultant, Healthy Babies, Happy Moms Inc.



Erin E. Dugan, MPH, CLC  
Board Member, Rhode Island Breastfeeding Coalition  
State Breastfeeding Coordinator, RI Department of Health

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## THE RHODE ISLAND BREASTFEEDING COALITION

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### POSITION PAPER ON BREASTFEEDING

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The Rhode Island Breastfeeding Coalition is a coalition of community organizations working to protect, promote, and support breastfeeding in Rhode Island. Members represent local birthing hospitals, health insurance companies, WIC, visiting nurse organizations, Early Head Start Programs, public health clinics, private clinical practices, La Leche League, research organizations, and the Department of Health.

The Rhode Island Breastfeeding Coalition recognizes breastfeeding as the optimal method of infant feeding. To date, a large body of scientific literature regarding infant feeding indicates that human milk provides infants with ideally balanced nutrients and immunologic protection against infection and allergies unparalleled by breast milk substitutes. Breastfeeding has been shown to decrease infant mortality and morbidity, thereby reducing health care expenses. Breastfeeding also creates a unique opportunity for strong mother-infant attachment. As the physiologic completion of the reproductive cycle, breastfeeding provides numerous maternal health benefits. All of these advantages cost little or nothing to the family.

The vision of the coalition is that all babies in Rhode Island will be breastfed and breastfeeding will be accepted as the norm for infant feeding in Rhode Island. We strive to achieve that vision by increasing statewide breastfeeding rates and durations to levels outlined in the national Healthy People 2010 health promotion and disease prevention initiative:

- » 75% of mothers will leave the hospital breastfeeding
- » 50% of mothers will continue to breastfeed for 6 months
- » 25% of mothers will continue breastfeeding for 12 months
- » 60% of mothers will breastfeed exclusively for 3 months
- » 25% of mothers will breastfeed exclusively for 6 months

Our primary strategies to meet these objectives are to increase breastfeeding knowledge and awareness among breastfeeding families and health care professionals, develop community resources, and build community partnerships throughout Rhode Island.

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## THE WHO/UNICEF BABY FRIENDLY HOSPITAL INITIATIVE

In 1992, the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) launched the “Baby-Friendly Hospital Initiative,” a global program developed to encourage and recognize hospitals and maternity centers that offer an optimal level of care for lactation.

The “Baby-Friendly Hospital Initiative” assists hospitals in giving breastfeeding mothers the information, confidence, and skills they need to successfully initiate and continue breastfeeding their babies. To become 'Baby-Friendly,' hospitals and maternity centers must practice each of the 10 steps to successful breastfeeding developed by WHO and UNICEF.

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### TEN STEPS TO SUCCESSFUL BREASTFEEDING

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1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice ‘rooming in’ by allowing mothers and babies to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

← | PRENATAL & POSTPARTUM SUPPORT



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## SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

The WIC Program provides breastfeeding education to women prenatally and provides support for breastfeeding mothers. In addition to the WIC nutritionists, many local WIC agencies also have trained Breastfeeding Peer Counselors who work with WIC clients prenatally and for the duration of their breastfeeding experience.

### **Blackstone Valley Community Health Center**

Central Falls.....724-7134

Pawtucket .....722-0082

*Breastfeeding Peer Counselor: Luisa de Pina*

### **Chad Brown Health Center**

International Institute .....831-0020

Providence .....831-0020

*Breastfeeding Peer Counselor: Mary Tyler*

### **Comprehensive Community Action Program, Inc.**

Cranston .....946-4650

Coventry.....828-5335

*Breastfeeding Peer Counselor: Nina Rowan*

### **East Bay Community Action Program**

Bristol.....253-7577

East Providence.....437-1007

Newport.....847-7821

Tiverton.....625-1364

*Breastfeeding Peer Counselors: Sarah Durand and Courtney Lautieri*

### **Westbay Community Action, Inc.**

Warwick .....732-4660

West Warwick .....826-3230

*Breastfeeding Peer Counselor: Kerri Silva*

**Providence Community Health Centers, Inc.**

Allenberry Health Center .....	444-0570
Capitol Hill Health Center .....	444-0550
Central Health Center.....	444-0580
Chafee Health Center.....	444-0530
Olneyville Health Center .....	444-0540

*Breastfeeding Peer Counselors: Maritza Lerebours, Janice Lopez, Sherry Rivera, Yohana Sosa*

*Lactation Consultant: Janice Lopez*

**St. Joseph Health Services**

Providence .....	456-4045
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*Breastfeeding Peer Counselor: Migda Osborne*

**Thundermist Health Center**

Woonsocket .....	767-4109
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*Breastfeeding Peer Counselor: Pam Cote*

**Thundermist Health Center of South County**

Wakefield .....	783-0523
North Kingstown.....	667-2915, 667-2916

*Breastfeeding Peer Counselor: Jodie Rathbun*

**Tri-Town Economic Opportunity Committee**

Johnston.....	519-1932
Burrillville.....	567-0510
<i>Breastfeeding Peer Counselor: Elaine DeSisto.....</i>	<i>519-1908</i>

**Women & Infants Hospital**

Providence .....	274-1122 x2768
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*Lactation Consultants: Michael Fink, Janice Lopez, Ana Semedo*

**Wood River Health Center**

Hope Valley .....	539-2461
Westerly .....	539-2461
<i>Breastfeeding Peer Counselor: Wendy Costa .....</i>	<i>539-2461 x138</i>

<b>State WIC Office .....</b>	<b>800-942-7434</b>
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*State WIC Breastfeeding Coordinator: Erin Dugan .....* 222-1380

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## PRENATAL BREASTFEEDING CLASSES

Health insurance may cover the cost of these classes.

**Bellani Maternity** .....234-1279

Two hour breastfeeding classes taught by an IBCLC on weeknights and weekends in Warwick. \$46 or \$52 fee per couple. Call to register.

**Memorial Hospital** ..... English: 729-2510

Two-hour monthly breastfeeding classes offered in English. Spanish classes also available. Women welcome to return for help. \$21 fee. Spanish: 729-2800

**Kent County Hospital** .....684-2788

Class held the second Friday of each month. \$20 fee.

**La Leche League of Rhode Island**

La Leche League encourages women to attend meetings prenatally for information and support. See *page 13* to find the La Leche League leader closest to you. No fee.

**Landmark Medical Center, Woonsocket Unit** .....769-4100 x2218

Breastfeeding classes held once a month on Thursdays. \$10 fee.

**Newport Hospital** .....845-1133

Prenatal breastfeeding classes offered once a month on the second Tuesday of the month, 7:00 p.m. – 9:00 p.m. \$20 fee. 845-1110

**South County Hospital** .....782-8020 x1999

Breastfeeding classes offered every seventh Wednesday, 7:00 p.m. – 9:00 p.m. \$50 fee.

**Westerly Hospital** .....348-BABY

Prenatal breastfeeding classes offered every month on a Tuesday, 6:30 p.m. – 8:30 p.m. No fee. Call for details. (2229)

**Women & Infants Hospital** .....276-7800

Two and a half hour breastfeeding classes offered four to five times a month on variable evenings in Providence. Classes also available in East Greenwich and Swansea, MA. \$30 fee. Call to register.

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## BREASTFEEDING WARM-LINES

The following are hospital "warm-line" numbers that breastfeeding mothers may call upon discharge from the hospital should they have questions or concerns about breastfeeding.

**Kent County Hospital** .....737-7000 x3332

Leave a message and a lactation consultant will return your call.

**Landmark Medical Center** .....769-4100 x2218

24-hour call-in assistance available.

**Memorial Hospital** .....729-2291

24 hour call-in assistance available.

**Newport Hospital** .....845-1110

24-hour call-in assistance available.

**South County Hospital** .....782-8020 x1226

Leave a message and a lactation consultant will return your call.

**Westerly Hospital** .....348-2229

24 hour call-in assistance available.

**Women & Infants Hospital** .....800-711-7011

Monday – Friday, 9:00 a.m. – 9:00 p.m.

Saturday and Sunday, 9:00 a.m. – 5:00 p.m.

Leave a message and a nurse will return your call within 1 hour.

Appointments are available for mothers after hospital discharge.

Services are provided in English and Spanish.

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## OUTPATIENT LACTATION SUPPORT

Health insurance may cover the cost of these visits.

### HOSPITAL-BASED OUTPATIENT SERVICES

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**Kent County Hospital** .....737-7000 x3332

Postpartum mothers may call and make an appointment to be seen by a lactation consultant.

**Landmark Medical Center** .....769-4100 x2218

Postpartum mothers may call and make an appointment to be seen by a lactation consultant.

**Memorial Hospital** .....729-2291

Postpartum mothers may call and make an appointment to be seen by a lactation consultant.

**Newport Hospital** .....845-1128

Appointments available most days. Best to call to schedule an appointment between 7:00 a.m. and 3:30 p.m. After hours, call the warm-line at 845-1110.

**South County Hospital** .....782-8020 x1226

Appointments available Monday – Saturday, 9:00 a.m. – 3:00 p.m. Available for calls daily.

**Westerly Hospital** .....348-2229

Appointments available Tuesday – Sunday, 7:00 a.m. – 3:00 p.m. at Westerly Hospital or Mondays, 10:00 a.m. – 3:00 p.m. at Westerly Hospital Satellite at the Mystic Medical Center in Mystic, CT. Call 860-572-1643 for appointments in Connecticut.

**Women & Infants Hospital** .....800-711-7011

Appointments available Monday – Saturday, variable hours. Call to schedule appointment. Monday – Friday, 9:00 a.m. – 9:00 p.m. and Saturday and Sunday, 9:00 a.m. – 5:00 p.m.

## LACTATION CONSULTANTS IN PRIVATE PRACTICE

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An IBCLC is an International Board Certified Lactation Consultant who possesses the necessary skills, knowledge, and attitudes to facilitate breastfeeding. With a focus on preventive health care, they encourage self-care and parental decision-making prenatally and postnatally. In addition, IBCLC's use a problem solving approach to provide appropriate information, recommendations and referrals in a variety of settings.

**Healthy Babies, Happy Moms Inc.**.....884-8273  
 Kathleen Moren, RN, IBCLC 866-744-2229  
 Email: kathy@healthybabieshappymoms.com  
 www.healthybabieshappymoms.com

## MIDWIVES IN PRIVATE PRACTICE

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**Cynthia Siegel, CNM, MSN, IBCLC** .....331-6980  
 OB GYN Associates, 1 Randall Square, Providence, RI 02904

## PHYSICIANS IN PRIVATE PRACTICE

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**Julie Taylor, MD, MSc, IBCLC** .....729-2206  
 Family Care Center Team B, Memorial Hospital  
 111 Brewster Street, Pawtucket, RI 02860

**Laura Viehmann, MD, FAAP, CLC** .....728-9201  
 Mill River Pediatrics, 126 Prospect Street, Pawtucket, RI 02860

**Sandra Musial, MD, IBCLC**  
 Narragansett Bay Pediatrics  
 320 Phillips Street, Suite 101, Wickford, RI 02852 .....295-4503  
 70 Kenyon Avenue, Suite 101, Wakefield, RI 02879 .....789-5924

## POSTPARTUM BREASTFEEDING SUPPORT GROUPS/CLASSES

There is generally no fee associated with breastfeeding support groups unless otherwise indicated.

### HOSPITAL-BASED SUPPORT GROUPS/CLASSES

**Kent County Hospital** .....737-7010 x1275

New mothers support group meets every Tuesday,  
10:30 a.m. – 12:00 p.m. in the Women’s Care Unit on the 3rd floor.  
Breastfeeding support is available. Fathers are welcome to attend.

**Memorial Hospital** .....729-2510

Breastfeeding support group held on the 1st and 3rd  
Wednesday of the month, 10:00 a.m. – 11:30 a.m.  
in the Family Care Center. Call to register.

**Newport Hospital** .....845-1110

Breastfeeding support group held on Thursdays,  
12:30 p.m. – 2:30 p.m. in the Birthing Center on the 7th floor.

**South County Hospital** .....788-1226

Breastfeeding support group meets every other Tuesday,  
10:00 a.m. – 12:00 p.m. in the Potter Conference Room.  
Call for an updated schedule.

**Westerly Hospital** .....348-2229

Breastfeeding support group held on Saturdays,  
10:00 a.m. – 11:30 a.m. in the Nardone Conference Room.

**Women & Infants Hospital** .....800-711-7011

Special Care Nursery Mothers Group.  
Call 276-7800 x100 for information on Mothers  
Groups in Providence and East Greenwich.

## LA LECHE LEAGUE INTERNATIONAL

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La Leche League International (LLL) is a non-profit organization that provides breastfeeding information and support to nursing mothers via telephone help and monthly meetings. Accredited by LLLI, volunteer leaders are experienced breastfeeding mothers who are familiar with the practical, physical, and psychological aspects of breastfeeding. For more information and to confirm listed meeting times and locations, please contact the leader nearest you. Updated listings may be found on the web at [www.lalecheleague.org](http://www.lalecheleague.org) or by calling La Leche League International at 847-519-7730.

### Coventry, RI

Leader: Susan .....392-6917

Meetings: Second Wednesday of the month\*

11:00 a.m. - 12:30 p.m.

Kent County Hospital Postpartum Conference Room

\*No meetings in June, July, or August

### Cumberland and Lincoln, RI

Leaders: Patty .....333-2275

Lori .....334-0191

Stefanie .....597-5615

Meetings: Second Tuesday of the month

10:30 a.m. – 12:00 p.m.

Cumberland Public Library, Hayden Center

1464 Diamond Hill Road, Cumberland, RI

### Newport, RI

Leader: Amelia .....824-4136

Meetings: First Wednesday of the month

10:00 a.m. – 11:30 a.m.

The Norman Bird Sanctuary

583 Third Beach Road, Middletown, RI

**Providence, RI**

Leaders: Wendy .....454-8712  
Wendi.....508-695-4835

Meetings: Fourth Friday of the month  
12:30 p.m. – 2:00 p.m.  
Providence Public Library, Rochambeau Branch  
708 Hope Street, Providence, RI

**Somerset, MA**

Leaders: Polly.....508-673-5975  
Karin.....508-822-2279

Meetings: Second Tuesday of the month  
10:00 a.m. – 11:30 a.m.  
Somerset Public Library  
1464 County Street, Somerset, MA



## 2 | LOCAL & NATIONAL RESOURCES

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## BREASTFEEDING LAWS IN RHODE ISLAND

State breastfeeding laws are posted at [www.health.ri.gov/family/breastfeeding/laws.php](http://www.health.ri.gov/family/breastfeeding/laws.php). All Rhode Island laws can be located through the Rhode Island General Assembly website at [www.rilin.state.ri.us/gen\\_assembly/genmenu.html](http://www.rilin.state.ri.us/gen_assembly/genmenu.html).

Summaries of national breastfeeding laws are posted on the National Conference of State Legislatures website at [www.ncsl.org/programs/health/breast50.htm](http://www.ncsl.org/programs/health/breast50.htm) and on the La Leche League International website at [www.llli.org/Law/LawBills.html](http://www.llli.org/Law/LawBills.html).

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### LAWS

**R.I. Gen. Laws § 23-13.5-1 (2008)** allows a woman to breastfeed or bottle-feed her child in any place open to the public and allows her a private cause of action for denial of that right. (HB 7467B, SB 2283A)

**R.I. Gen. Laws § 23-13.2-1 (2003)** requires employers to reasonably accommodate a breastfeeding mother by providing flexible breaks and a safe, clean, private place to pump or breastfeed her child. (HB 5507A, SB 0151A)

**R.I. Gen. Laws § 23-72-3 (2001)** requires the Department of Health to prepare a consumer mercury alert notice. The notice shall explain the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children. (HB 6112)

**R.I. Gen. Laws § 11-45-1 (1998)** protects mothers breastfeeding in public from disorderly conduct laws. (HB 8103, SB 2319)

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## BREASTFEEDING IN THE WORKPLACE

Mothers can continue to breastfeed when they return to work by pumping and storing their breastmilk during the workday. Details about breast pump medical insurance coverage and breast pump rental and sales are included in the following pages. Mothers can learn more about breastfeeding and going back to work or school in the brochure on *page 72* of this directory or at [www.health.ri.gov/brochures/BreastfeedingWorkSchool.pdf](http://www.health.ri.gov/brochures/BreastfeedingWorkSchool.pdf).

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## BREASTFEEDING-FRIENDLY WORKPLACES

Employers that accommodate breastfeeding families improve their bottom line through increased employee loyalty and productivity, lower turnover rates, fewer missed work days, and reduced health care costs. Lactation support requires few resources and can be implemented through simple, cost-effective strategies. Tips for supporting breastfeeding in the workplace are posted at [www.health.ri.gov/family/breastfeeding/workplaces.php](http://www.health.ri.gov/family/breastfeeding/workplaces.php).

Recognition as a Breastfeeding-Friendly Workplace in Rhode Island is based on the successful establishment of supportive policies, facilities, and resources for breastfeeding employees and clients. Award criteria and a list of employers previously recognized at the Bronze, Silver and Gold levels are posted at [www.health.ri.gov/family/breastfeeding/workplaces.php](http://www.health.ri.gov/family/breastfeeding/workplaces.php).

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## THE NURSING WORKING MOTHERS LAW

**R.I. Gen. Laws § 23-13.2-1 (2003)** requires employers to reasonably accommodate a breastfeeding mother by providing flexible breaks and a safe, clean, private place to pump or breastfeed her child. (HB 5507A, SB 0151A)

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## CORPORATE LACTATION PROGRAMS

**Healthy Babies, Happy Moms Inc.**.....884-8273  
 Kathleen Moren, RN, IBCLC 866-744-2229  
 Email: [kathy@healthybabieshappymoms.com](mailto:kathy@healthybabieshappymoms.com)  
[www.healthybabieshappymoms.com](http://www.healthybabieshappymoms.com)

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## BREAST PUMP MEDICAL INSURANCE COVERAGE

Please note that the information listed below is accurate as of the date of publication. Specific details related to breast pump coverage by health plans change frequently. Please contact the medical insurance provider for any updates.

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### RITE CARE MEMBERS

Members of Rite Care may be entitled to a manual or electric pump at no cost when their baby is in the NICU, when it is medically necessary\*, or when a mother returns to work or school depending on the insurance provider. The insurance providers for Rite Care members include Blue Chip, United Health Care, and Neighborhood Health Plan of Rhode Island (NHPRI). Detailed criteria for obtaining breast pumps from these insurance providers are posted at [www.health.ri.gov/family/breastfeeding/insurancebenefits.php](http://www.health.ri.gov/family/breastfeeding/insurancebenefits.php).

Rite Care members can ask about obtaining a breast pump by contacting their physician or primary care provider. If breast pumps are a covered benefit, the primary care provider will either write a prescription for a pump or call the health plan's durable medical equipment (DME) provider directly and request a breast pump for the patient. The Rite Care benefits posted at [www.health.ri.gov/family/breastfeeding/insurancebenefits.php](http://www.health.ri.gov/family/breastfeeding/insurancebenefits.php) describe which DME providers carry which pumps for each insurer. DME providers and additional breast pump rental stations are listed on the following pages.

Health care providers can download a standard breast pump prescription and recommended breast pump selection criteria at [www.health.ri.gov/family/breastfeeding/insurancebenefits.php](http://www.health.ri.gov/family/breastfeeding/insurancebenefits.php).

\*Medical Necessity includes the following conditions:

- » Baby unable to initiate breastfeeding due to medical conditions such as prematurity, oral defect, etc.
- » Temporary weaning due to:
  - » Mother/baby separation
  - » Mother's use of a medication or need for a diagnostic test that is contraindicated for breastfeeding
- » Inadequate milk supply
- » Engorgement
- » Breast infection
- » Ineffective latch

DME PROVIDERS	PHONE	FAX
<b>A Fitting Experience</b> ..... 5600 Post Road, East Greenwich, RI	398-2639	
<b>Kent County Home Medical Equipment</b> ..... 11 Knight Street, Building D15, Warwick, RI	800-232-0644 732-0022	681-1090
<b>South County Surgical Supply</b> ..... 14 Woodruff Avenue, Narragansett, RI	783-1850	783-2082
<b>Simpson's Pharmacy</b> ..... 10 Newport Avenue, Pawtucket, RI	722-7600	722-9738
<b>Vanguard Home Medical Equipment</b> ..... 155 Jefferson Boulevard, Warwick, RI	468-1300	468-1333

## COMMERCIAL INSURANCE MEMBERS

Specific details related to breast pump coverage by health plans change frequently. Please contact the medical insurance provider for details. Commercial insurers include Aetna, Blue Cross and Blue Shield of RI, Tufts Health Plan, United Health Care, and several other insurers based both inside and outside of Rhode Island.

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## BREAST PUMP RENTAL/SALES

Electric breast pumps are available for the mother with special breastfeeding situations, including working mothers and mothers with babies in special care nurseries. These pumps may be covered by your health insurance company as outlined in the previous pages.

Sources for electric breast pump rentals and sales in Rhode Island are listed below. For updated listings, contact the Women & Infants Hospital Warm-Line at 800-711-7011.

**A Fitting Experience** .....398-2639

*www.rifittingexperience.com*

5600 Post Road, East Greenwich, RI

Sales of Ameda personal electric pumps

Tuesday – Friday, 10:00 a.m. – 6:00 p.m.

Saturday, 10:00 a.m. – 5:00 p.m.

**Ameda** .....866-99-AMEDA

*www.ameda.com*

(26332)

Rental and sales of Ameda pumps

**Bellani Maternity** .....234-1279

*www.bellanimaternity.com*

Fax 822-9900

1276 Bald Hill Road, Warwick, RI

Rental and sales of Ameda pumps

Open variable hours Monday – Sunday

**Dartmouth Medical Supply** .....508-997-1241

*www.dmecos.com*

Fax 508-997-7550

471 Union Street, New Bedford, MA

Sales of Ameda and Medela pumps

Monday – Friday, 9:00 a.m. – 5:00 p.m.

**Deborah Winthrop** .....682-2272

*www.deborahwinthrop.com*

Fax 682-2273

103 Clock Tower Square, Portsmouth, RI

Sales of Medela personal electric pumps

Monday – Friday, 10:00 a.m. – 6:00 p.m.

Saturday, 10:00 a.m. – 5:00 p.m.

**Healthy Babies, Happy Moms Inc.**.....884-8273  
*www.healthybabieshappymoms.com* 866-744-2229  
 Kathleen Moren, RN, IBCLC  
 Email: kathy@healthybabieshappymoms.com  
 Rental and sales of Medela pumps and scales

**Kent County Home Medical Equipment**.....800-232-0644  
 11 Knight Street, Building D15, Warwick, RI 732-0022  
 Rental and sales of Ameda and Medela pumps Fax 681-1090  
 Monday – Friday, 8:00 a.m. – 5:00 p.m.  
 Saturday, 8:00 a.m. – 1:00 p.m.

**Medela**.....800-835-5968  
*www.medela.com*  
 Rental and sales of Medela pumps and products

**Simpson's Pharmacy**.....722-7600  
*www.simpsonspharmacy.com* Fax 722-9738  
 10 Newport Avenue, Pawtucket, RI  
 Sales of Ameda and Medela pumps  
 Monday – Friday, 9:00 a.m. – 6:00 p.m.  
 Saturday, 9:00 a.m. – 4:00 p.m.  
 Sunday, 9:00 a.m. – 1:00 p.m.

**South County Surgical Supply**.....783-1850  
 14 Woodruff Avenue, Narragansett, RI  
 Rental and sales of Medela pumps  
 Monday – Friday, 9:00 a.m. – 5:00 p.m.

**Westerly Hospital** .....348-2229  
 25 Wells Street, Westerly, RI  
 Sales of Medela pumps

**Women & Infants Hospital Nursing Moms, Etc.**.....453-7940  
*www.nursingmomsetc.com*  
 101 Dudley Street, Providence, RI  
 Rental and sales of Ameda and Medela pumps  
 Monday – Saturday, 10:00 a.m. – 4:00 p.m.  
 Sunday, 10:00 a.m. – 2:00 p.m.

## MOTHERS' MILK BANKS

Current Mothers' Milk Bank listings can be found on the Human Milk Banking Association of North America's website at [www.hmbana.org](http://www.hmbana.org) under Milk Bank Locations.

### UNITED STATES

#### PHONE

#### FAX

#### CALIFORNIA

**Mothers' Milk Bank** .....408-998-4550 408-297-9208

751 South Bascom Avenue, San Jose, CA 95128

Email: [mothersmilkbank@hhs.co.santa-clara.ca.us](mailto:mothersmilkbank@hhs.co.santa-clara.ca.us)

Website: [www.milkbanksj.org](http://www.milkbanksj.org)

#### COLORADO

**Mothers' Milk Bank at Presbyterian** .....877-458-5503 720-382-2218

#### St. Luke's Medical Center

1719 East 19th Avenue, Denver, CO 80218

Email: [mmilkbank@health1.org](mailto:mmilkbank@health1.org)

Website: [www.bestfedbabies.org](http://www.bestfedbabies.org)

#### INDIANA

**Indiana Mother's Milk Bank, Inc.** .....317-329-7146 317-329-7151

Methodist Medical Plaza II

6820 Parkdale Place, Suite 109, Indianapolis, IN 46254

Email: [inmothersmilkbank@clarian.org](mailto:inmothersmilkbank@clarian.org)

Website: [www.immilkbank.org](http://www.immilkbank.org)

#### IOWA

**Mother's Milk Bank of Iowa** .....319-356-2652 319-356-8674

Department of Food and Nutrition Services

University of Iowa Hospitals and Clinics, Room C330 GH

200 Hawkins Drive, Iowa City, IA 52242

Email: [jean-drulis@uiowa.edu](mailto:jean-drulis@uiowa.edu)

Website: [www.uihealthcare.com/milkbank](http://www.uihealthcare.com/milkbank)

#### MICHIGAN

**Bronson Mothers' Milk Bank** .....269-341-8849 269-341-8918

601 John Street, Suite N1300, Kalamazoo, MI 49007

Email: [Duffc@bronsonhg.org](mailto:Duffc@bronsonhg.org)

**NEW ENGLAND****PHONE****FAX****Mothers' Milk Bank of New England (developing)**

PO Box 600091, Newtonville, MA 02460

Email: [info@milkbankne.org](mailto:info@milkbankne.org)

Website: [www.milkbankne.org](http://www.milkbankne.org)

**NORTH CAROLINA****WakeMed Mothers' Milk Bank and Lactation Center** .....919-350-8599 919-350-8923

3000 New Bern Avenue, Raleigh, NC 27610

Email: [BMoore@wakemed.org](mailto:BMoore@wakemed.org), [Suevans@wakemed.org](mailto:Suevans@wakemed.org),

[MBradshaw@wakemed.org](mailto:MBradshaw@wakemed.org)

Website: [www.wakemed.com/body.cfm?id=135](http://www.wakemed.com/body.cfm?id=135)

**OHIO****Mothers' Milk Bank of Ohio** ..... 614-544-0810 614-544-0812

Grant Medical Center at Victorian Village Health Center

1087 Dennison Avenue, Columbus, OH 43201

Email: [gmmorrow@ohiohealth.com](mailto:gmmorrow@ohiohealth.com)

**TEXAS****Mothers' Milk Bank at Austin**.....512-494-0800 512-494-0880

900 East 30th Street, Suite 214, Austin, TX 78705 .....877-813-MILK

Email: [info@mmbaustin.org](mailto:info@mmbaustin.org) (6455)

Website: [www.mmbaustin.org](http://www.mmbaustin.org)

**Mothers' Milk Bank of North Texas** .....817-810-0071 817-810-0087

1300 West Lancaster, Suite 108, Fort Worth, TX 76102 .....866-810-0071

Email: [mmbnt@hotmail.com](mailto:mmbnt@hotmail.com)

Website: [www.mmbnt.org](http://www.mmbnt.org)

**CANADA****PHONE****FAX****BC Women's Milk Bank** .....604-875-2282 604-875-2871

C & W Lactation Services

4500 Oak Street, IU 30, Vancouver, BC V6H 3N1

Email: [fjones@cw.bc.ca](mailto:fjones@cw.bc.ca)

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## WEBSITES

Most of the following websites are designed for families and professionals. Additional professional websites are listed on *pages 33 and 34* of this directory.

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### LOCAL WEBSITES

#### **Bellani Maternity**

[www.bellanimaternity.com](http://www.bellanimaternity.com)

Offers breast pump rentals and sales, maternity and breastfeeding products, and breastfeeding classes. Based in Warwick.

#### **Deborah Winthrop**

[www.deborahwinthrop.com](http://www.deborahwinthrop.com)

Sells breastfeeding pumps, nursing bras, and nursing clothing. Based in Portsmouth.

#### **Healthy Babies, Happy Moms Inc.**

[www.healthybabieshappymoms.com](http://www.healthybabieshappymoms.com)

Breast pumps to rent and purchase, lactation consultations, feeding devices, nursing bras, and a wide variety of breastfeeding accessories. Based in Rhode Island.

#### **Massachusetts Breastfeeding Coalition**

[www.massbfc.org](http://www.massbfc.org)

Offers breastfeeding resources for parents and reference materials for health care professionals.

#### **Rhode Island Department of Health**

[www.health.ri.gov/family/breastfeeding](http://www.health.ri.gov/family/breastfeeding)

Provides information and resources on breastfeeding for families, employers, and health care professionals.

#### **Women & Infants Hospital of Rhode Island**

[www.womenandinfants.org/body.cfm?id=65](http://www.womenandinfants.org/body.cfm?id=65)

Provides information about support groups for new mothers, frequently asked questions, and breastfeeding tips. Based in Providence.

#### **Women & Infant's Nursing Moms, Etc.**

[www.nursingmomsetc.com](http://www.nursingmomsetc.com)

Sells nursing clothing, nursing bras, nursing accessories, newborn products, premie clothing, books, and videos. Based in Providence.

## NATIONAL WEBSITES

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### **Ameda**

[www.ameda.com](http://www.ameda.com)

Provides breast pumps, breastfeeding products, and resources for breastfeeding mothers.

### **American Academy of Pediatrics**

[www.aap.org/healthtopics/breastfeeding.cfm](http://www.aap.org/healthtopics/breastfeeding.cfm)

Provides breastfeeding information and resources for families and communities.

### **Baby Friendly USA (Baby-Friendly Hospital Initiative)**

[www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)

Provides information on implementing the Baby Friendly Hospital Initiative in the United States.

### **Banthebags.org**

[www.banthebags.org](http://www.banthebags.org)

Provides information and resources on a national campaign to stop formula company marketing in maternity hospitals.

### **Breastfeeding.com**

[www.breastfeeding.com](http://www.breastfeeding.com)

Provides information on positioning techniques, advocacy, shopping, and access to chat rooms.

### **Breastfeeding Online**

[www.breastfeedingonline.com](http://www.breastfeedingonline.com)

Offers breastfeeding advice and products plus articles and videos by Jack Newman, MD.

### **Dr. Jack Newman and Edith Kernerman**

[www.drjacknewman.com](http://www.drjacknewman.com)

Provides detailed instructional videos, books, and handouts on breastfeeding topics.

### **Infant Feeding Action Coalition (Canada)**

[infactcanada.ca](http://infactcanada.ca)

Coalition working to implement the International Code of Marketing of Breast-milk Substitutes.

### **International Baby Food Action Network**

[www.ibfan.org](http://www.ibfan.org)

Aims to improve the health and well being of babies and young children, their mothers and their families through the protection, promotion and support of breastfeeding and optimal infant feeding practices.

**La Leche League International**

[www.llli.org](http://www.llli.org)

Provides mother-to-mother support, encouragement, information, and education. Includes resources and events for health care professionals.

**Medela, Inc.**

[www.medela.com](http://www.medela.com)

Provides an extensive catalogue of breast pumps and breastfeeding paraphernalia.

**National Alliance for Breastfeeding Advocacy**

[www.naba-breastfeeding.org](http://www.naba-breastfeeding.org)

Coordinates breastfeeding advocacy efforts in the United States. Represents International Baby Food Action Network and World Alliance for Breastfeeding Action in the United States.

**National Women's Health Information Center**

[www.4woman.gov/Breastfeeding](http://www.4woman.gov/Breastfeeding)

Provides breastfeeding information and resources for families.

**United States Breastfeeding Committee**

[www.usbreastfeeding.org](http://www.usbreastfeeding.org)

Provides publications on various breastfeeding topics and links to international breastfeeding policy statements.

**United States Centers for Disease Control and Prevention**

[www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)

Develops and utilizes evidence-based policies, recommendations, data, statistics, research, and evaluation to protect, promote, and support breastfeeding.

**United States Department of Agriculture**

[www.fns.usda.gov/wic/breastfeeding/breastfeedingmainpage.htm](http://www.fns.usda.gov/wic/breastfeeding/breastfeedingmainpage.htm)

Covers breastfeeding promotion and support through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

**World Alliance for Breastfeeding Action**

[www.waba.org.my](http://www.waba.org.my)

Network working to protect, promote and support breastfeeding worldwide.

## VIDEOS

Breastfeeding videos on other topics may be available through the producers listed in the descriptions below and through the following sources:

Childbirth Graphics: 800-299-3366 x287, [www.childbirthgraphics.com](http://www.childbirthgraphics.com)

Hale Publishing: 806-376-9900, [www.iBreastfeeding.com](http://www.iBreastfeeding.com)

La Leche League International: 847-519-7730, [www.llli.org](http://www.llli.org)

Noodle Soup: 800-795-9295, [www.noodlesoup.com](http://www.noodlesoup.com)

**The Benefits of Breastfeeding** (2003) .....\$59.00

Eagle Video Productions: 919-779-7891, [www.eaglevideo.com](http://www.eaglevideo.com)

Features Dr. Ruth Lawrence. Combines scientific facts with personal thoughts and feelings of parents. Discusses the benefits of breastfeeding for the baby, nutritionally and health wise; the benefits of breastfeeding for the mother; common questions mothers have; as well as the keys to breastfeeding success. Available in VHS or DVD format in English or Spanish. (21 minutes)

**Better Breastfeeding: Your Guide to a Healthy Start** (2008) .....\$159.95

Injoy Videos: 800-326-2082, [www.injoyvideos.com](http://www.injoyvideos.com)

This video, developed with the help of the International Lactation Consultant Association (ILCA), teaches new parents how to succeed in breastfeeding by demonstrating the most recent recommendations in six educator-friendly segments. Includes clear feeding guidelines, 3D animation of an asymmetrical latch, updated breast anatomy and a diverse group of families. Available in VHS or DVD format in English or Spanish. (25 minutes)

**Breastfeeding and Returning to Work** (2003).....\$59.00

Eagle Video Productions: 919-779-7891, [www.eaglevideo.com](http://www.eaglevideo.com)

This detailed video provides new mothers with the facts they need in order to make an informed decision about returning to work while breastfeeding. Includes commentary from health professionals and real breastfeeding mothers. Discusses the benefits of continued breastfeeding, how a mother can plan her return to the workplace, how a mother can talk to her employer, and answers to common questions. Available in VHS or DVD format in English or Spanish. (12 minutes)

**Breastfeeding Comprehensive** (2006).....\$147.00

Mother of 7, Inc.: 1-877-790-BABY (2229), [www.motherof7.com](http://www.motherof7.com)

Discusses the benefits of breastfeeding, exclusive breastfeeding, getting off to the right start, positioning, latch-on, the suckling reflex, let-down technique, how the breast makes milk, fore milk and hind milk, medications and human milk, problems and solutions, breastfeeding and special situations, maximizing supply, a father's role, attachment parenting, weaning, politics and the law, and more. Available in DVD format in English. (135 minutes) *Excerpts of this video, "Breastfeeding Basics" and "Breastfeeding Intensive", are also available for purchase.*

**Dr. Jack Newman's Visual Guide to Breastfeeding** (2005).....\$90.00 institutional license

Cinemedic Distributors Inc.:

\$45.00 professional use

866-488-8234, [www.cinemedic.com](http://www.cinemedic.com)

\$30.00 home use

This video helps both new parents and health professionals understand how breastfeeding works and cuts through all the confusing and contradictory information on breastfeeding. Jack Newman and Edith Kernerman answer a wide variety of questions, from how to ensure that a baby is getting milk to helping overcome some of the most common problems associated with breastfeeding. Available in VHS or DVD format in English. (45 minutes)

**Dr. Lennart Righard's Delivery Self Attachment** (1995) .....\$22.95

Geddes Productions: [www.geddesproduction.com](http://www.geddesproduction.com)

This video depicts a newborn's ability to crawl up to a breast immediately after birth and attach without assistance. Available in DVD format in English, Spanish, French, Chinese, and Japanese. Also available in VHS format for \$14.95. (6 minutes)

**A Premie Needs his Mother: First Steps to** .....\$125.00**Breastfeeding Your Premature Baby** (2001)

Jane Morton, MD

Breastmilk Solutions: 888-JMORTON (566-7866), [www.breastmilksolutions.com](http://www.breastmilksolutions.com)

This comprehensive guide to learning how to breastfeed premature babies from the perspective of mothers of premies is designed for preterm mothers, lactation consultants and neonatal staff. **Part I** is for moms about to or who have just delivered premature babies. (35 minutes) **Part II** is designed to be watched when the baby is ready to be held. (21 minutes) Available in VHS or DVD format in English.

## BOOKS FOR THE NURSING MOTHER

Books may be available through the following sources:

- Hale Publishing: 806-376-9900, [www.iBreastfeeding.com](http://www.iBreastfeeding.com)
- \* La Leche League International: 847-519-7730, [www.llli.org](http://www.llli.org)

These and other books may also be available at Rhode Island Public Libraries

- 100 Questions & Answers About Breastfeeding**.....\$19.95  
Karin Cadwell, Cynthia Turner-Maffei, and Anna Cadwell Blair (2008)
- \* **ABCs of Breastfeeding: Everything a Mom Needs to Know for a Happy Nursing Experience** .....\$14.95  
Stacey H. Rubin (2008)
- \* **Adventures in Tandem Nursing**.....\$14.95  
Hilary Flower (2003)
- Breastfeeding: A Parent's Guide** (8th Edition).....\$12.50  
Amy Spangler (2006). Available in English and Spanish.
- \* **Breastfeeding an Adopted Baby and Relactation**.....\$10.95  
Elizabeth Hormann (2007)
- \* **The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth Through Weaning** .....\$14.95  
Martha and William Sears (2000)
- Breastfeeding: Keep It Simple** .....\$5.25  
Amy Spangler (2005). Available in English and Spanish.
- \*◦ **Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers** .....\$16.95  
Kathleen Kendall-Tackett and Nancy Mohrbacher (2005)
- **Breastfeeding With Confidence: A Practical Guide**.....\$10.00  
Sue Cox (2006)
- \* **Defining Your Own Success: Breastfeeding After Breast Reduction Surgery** .....\$24.95  
Diana West (2001)

- **Exclusively Pumping Breastmilk** .....\$19.95  
Stephanie Casemore (2004)
- \* **How Weaning Happens** .....\$10.95  
Diane Bengson (2000), Available in English and French.
- \* **Mothering Multiples: Breastfeeding and Caring  
for Twins or More** (3rd Edition) .....\$18.95  
Karen Kerkhoff Gromada (2007)
- \* **Mothering Your Nursing Toddler** (Revised Edition) .....\$14.95  
Norma Jane Bumgarner (2000). Available in English and French.
- **New Mother's Guide to Breastfeeding** .....\$6.99  
American Academy of Pediatrics (2005)
- \*◦ **Nonprescription Drugs for the Breastfeeding Mother** .....\$19.95  
Frank J. Nice (2007)
- \* **The Nursing Mother's Companion** (5th Edition) .....\$14.95  
Kathleen Huggins (2005)
- \* **The Nursing Mother's Guide to Weaning** (Revised Edition).....\$11.95  
Kathleen Huggins and Linda Ziedrich (2007)
- \* **Nursing Mother, Working Mother** (Revised Edition) .....\$12.95  
Gale Pryor (2007)
- **The Ultimate Breastfeeding Book of Answers: The Most  
Comprehensive Problem-Solution Guide to Breastfeeding  
from the Foremost Expert in North America** (Revised Edition)  
Jack Newman and Teresa Pitman (2006) .....\$19.95
- \* **The Womanly Art of Breastfeeding** (7th Edition). .....\$16.95  
La Leche League International (2004).  
Available in English, Dutch, Italian, and Spanish.
- **Working without Weaning: A Working Mother's Guide** .....\$24.95  
Kirsten Berggren (2006)

# 3 | CLINICAL INFORMATION & RESOURCES



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## CRITERIA FOR BREASTFEEDING REFERRAL

Developed by the Physicians' Committee for Breastfeeding in Rhode Island and the Rhode Island Breastfeeding Coalition and utilized by the Rhode Island Department of Health Family Health Information Line.

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### REFERRAL TO MEDICAL DOCTOR

- » Breast infections (temperature above 101 degrees, possibly along with localized redness and heat and/or plugged duct symptoms of localized pain and firmness)
- » Slow weight gain of infant (as perceived by mother)
- » Jaundiced infant (yellowish tinge to skin as perceived by mother)
- » Fewer than 6 wet diapers in 24 hours for infants from 4 days to 4 months old
- » Fewer than 3 stools in 24 hours for infants from 4 days to 3 weeks of age

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### REFERRAL TO LACTATION CONSULTANT

Make referrals through Breastfeeding Warm-Lines (*page 9*) or Lactation Consultants in Private Practice (*page 11*).

- » Sore nipples
- » Plugged ducts (localized pain and firmness)
- » Premature infants
- » Sick or hospitalized mother or infant
- » Infants who refuse to nurse
- » Infants with special health care needs (i.e., developmental disorder)
- » Mothers on medications\*

\* Medication information on breastfeeding is available in the resource guide "Medication and Mothers' Milk" by Thomas Hale, PhD, 2008 (13th Edition). Additional breastfeeding pharmacology resources are listed on *page 33* of this directory.

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## INFORMATION LINES/WEBSITES FOR PROFESSIONALS

### BREASTFEEDING PHARMACOLOGY

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**The Lactation Study Line, University of Rochester**.....585-275-0088

(Ruth A. Lawrence, MD)

For physicians and lactation consultants.

Also provides general breastfeeding information.

Monday – Friday, 10:00 a.m. – 3:30 p.m.

#### LactMed

*toxnet.nlm.nih.gov/cgi-bin/isis/htmlgen?LACT*

A peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Provided through the United States National Library of Medicine, Toxicology Data Network (TOXNET).

**Newport Hospital Pharmacy**.....401-845-1566

7:00 a.m. – 11:00 p.m. daily

For physicians and lactation consultants.

#### Texas Tech University School of Medicine

(Thomas W. Hale, RPh, PhD) *neonatal.ttuhschool.edu/lact/*

Provides articles and information on breastfeeding and medication use.

**Women & Infants Hospital Warm-Line** .....800-711-7011

Monday – Friday, 9:00 a.m. – 9:00 p.m.

Saturday and Sunday, 9:00 a.m. – 5:00 p.m.

Leave a message and an RN/IBCLC will return your call within 1 hour.

**Yale-New Haven Hospital Drug Information Services**.....203-688-2248

Monday – Friday, 8:00 a.m. – 4:30 p.m.

Leave a message and a pharmacist will return your call.

### DISCUSSION BOARDS

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#### Lactnet

*community.isoft.com/archives/LACTNET.html*

Lactation information and discussion for health care professionals.

## LOCAL PROFESSIONAL ORGANIZATIONS

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### **Physicians' Committee for Breastfeeding in Rhode Island**

<http://www.health.ri.gov/family/breastfeeding/pcbri.php>

A group of health care professionals working to protect, support, and promote breastfeeding in Rhode Island. Serves as the official Breastfeeding Committee of the Rhode Island Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians.

### **Rhode Island Breastfeeding Coalition**

<http://www.health.ri.gov/family/breastfeeding/ribc.php>

A coalition of community organizations including local birthing hospitals, health insurance companies, WIC, visiting nurse organizations, La Leche League, and others working to protect, promote, and support breastfeeding in Rhode Island.

## NATIONAL PROFESSIONAL ORGANIZATIONS

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### **Academy of Breastfeeding Medicine**

[www.bfmed.org](http://www.bfmed.org)

Provides clinical guidelines for the care of breastfeeding mothers and infants.

### **American Academy of Pediatrics**

[www.aap.org/breastfeeding](http://www.aap.org/breastfeeding)

Provides clinical guidelines on breastfeeding and other tools for health care professionals plus information and resources for families and communities.

### **International Board Lactation Consultant Examiners**

[www.iblce.org](http://www.iblce.org)

Certifies and evaluates the competency of International Board Certified Lactation Consultants.

### **International Lactation Consultant Association**

[www.ilca.org](http://www.ilca.org)

Promotes the professional development, advancement, and recognition of lactation consultants worldwide for the benefit of breastfeeding women, infants, and children.

### **United States Breastfeeding Committee**

[www.usbreastfeeding.org](http://www.usbreastfeeding.org)

National breastfeeding protection, promotion, and support resources and publications.

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## RESOURCE TEXTS FOR PROFESSIONALS

Books may be available through:

Hale Publishing: 806-376-9900, [www.iBreastfeeding.com](http://www.iBreastfeeding.com)

La Leche League International: 847-519-7730, [www.lalecheleague.com](http://www.lalecheleague.com)

**Best Medicine: Human Milk in the NICU**.....\$32.95

Nancy E. Wight, Jane A. Morton, and Jae H. Kim (2008)

**Breastfeeding: A Guide for the Medical Profession** (6th Edition).....\$82.00

Ruth A. Lawrence and Robert M. Lawrence (2005)

**Breastfeeding and Human Lactation** (3rd Edition).....\$116.95

Jan Riordan (2005)

**The Breastfeeding Answer Book** (3rd Edition).....\$68.00

Nancy Mohrbacher and Julie Stock (2003)

Also available in Spanish (1997) and other translations.

Pocket Guide available in hard copy and PDA format.

**The Breastfeeding Atlas** (3rd Edition).....\$59.00

Barbara Wilson-Clay and Kay Hoover (2005)

**Breastfeeding and Diseases**.....\$24.95

E. Stephen Buescher and Susan W. Hatcher (2008)

**Breastfeeding A-Z: Terminology and Telephone Triage**.....\$47.95

Karin Cadwell and Cynthia Turner-Maffei (2006)

**Breastfeeding Management for the Clinician:**.....\$54.95

**Using the Evidence**

Marsha Walker (2006)

**Breastfeeding Medicine** .....subscription rates vary

Edited by Ruth A. Lawrence (print and online)

Mary Ann Liebert, Inc. Publishers:

[www.liebertpub.com](http://www.liebertpub.com)

- Breastfeeding Special Care Babies** (2nd Edition).....\$47.95  
Sandra Lang (2002)
- Breastfeeding the Newborn: Clinical Strategies** .....\$49.95  
**for Nurses** (2nd Edition)  
Marie Biancuzzo (2003)
- Case Studies in Breastfeeding** .....\$43.95  
Karin Cadwell and Cynthia Turner-Maffei (2004)
- Clinical Therapy in Breastfeeding Patients** (2nd Edition) .....\$24.95  
Thomas W. Hale and Pamela Berens (2002)
- Clinics in Human Lactation: Breastfeeding after Breast and**.....\$18.95  
**Nipple Procedures: A Guide for Healthcare Professionals**  
Diana West and Elliot M. Hirsch (2008)
- Clinics in Human Lactation: History and Assessment:**.....\$18.95  
**It's All in the Details**  
Denise Altman (2008)
- Core Curriculum for Lactation Consultant Practice** (2nd Edition) .....\$64.95  
Rebecca Mannel, Patricia J. Martens, and Marsha Walker (Editors) (2007)
- Counseling the Nursing Mother: A Lactation**.....\$79.95  
**Consultants Guide** (4th Edition)  
Judy Lauwers and Anna Swisher (2005)
- Feeding and Nutrition in the Preterm Infant** .....\$49.95  
Elizabeth Jones and Caroline King (2006)
- Hale and Hartmann's Textbook of Human Lactation** .....\$89.95  
Thomas W. Hale and Peter Hartmann (2007)
- Impact of Birthing Practices on Breastfeeding:**.....\$49.95  
**Protecting the Mother and Baby Continuum**  
Mary Kroger and Linda J. Smith (2004)

- Implementing Continuity of Care in Breastfeeding** .....\$46.95  
Karin Cadwell and Cynthia Turner-Maffei (2009)
- Journal of Human Lactation** .....subscription rates vary  
Edited by M. Jane Heinig (print and online)  
Sage Publications: *www.sagepub.com*
- The Latch and Other Keys to Successful Breastfeeding** .....\$24.95  
Jack Newman and Teresa Pitman (2006)
- Maternal and Infant Assessment for Breastfeeding and Human Lactation: A Guide for the Practitioner** (2nd Edition) .....\$47.95  
Karin Cadwell, Cynthia Turner-Maffei, Barbara O'Connor, Anna Cadwell Blair, Lois D. W. Arnold, and Elyse M. Blair (2006)
- Medication and Mothers' Milk** (13th Edition) .....\$34.95  
Thomas W. Hale (2008)
- Nutrition During Lactation** .....\$34.95  
National Academy of Sciences, Institute of Medicine (1991)  
National Academy Press: 800-624-6242, *www.NaPEdu*
- Pocket Guide for Lactation Management** .....\$36.95  
Karin Cadwell and Cynthia Turner-Maffei (2008)
- Reclaiming Breastfeeding for the United States: Protection, Promotion and Support** .....\$54.95  
Karin Cadwell (Editor) (2002)
- Supporting Sucking Skills in Breastfeeding Infants** .....\$49.95  
Catherine Watson Genna (2008)
- Ultimate Breastfeeding Book of Answers: The Most Comprehensive Problem-Solution Guide to Breastfeeding from the Foremost Expert in North America** (Revised Edition) .....\$19.95  
Jack Newman and Teresa Pitman (2006)

## CONTINUING EDUCATION IN LACTATION MANAGEMENT/BREASTFEEDING

	PHONE	FAX
<b>Breastfeeding Support Consultants/</b> .....	630-547-5057	
<b>Center for Lactation Education</b>		
44 North Cornell, Villa Park, IL 60181		
<i>www.bsccenter.org</i>		
<b>La Leche League International</b> .....	847-519-7730	847-969-0460
PO Box 4079		
Schaumburg, IL 60168-4079		
<i>www.llli.org</i>		
<b>Lactation Education Consultants</b> .....	630-260-4847	630-260-8879
618 North Wheaton Avenue		
Wheaton, IL 60187		
<i>www.lactationeducationconsultants.com</i>		
<b>Lactation Education Resources</b> .....	703-868-1849	443-607-8898
5614 Dover Street, Churchton, MD 20733		
<i>www.LERon-line.com</i>		
<b>Health Education Associates Inc.</b> .....	508-888-8044	508-888-8050
327 Quaker Meeting House Road		
East Sandwich, MA 02537-1300		
<i>www.healthychildren.cc</i>		
<b>The Lactation Institute &amp; Breastfeeding Clinic</b> .....	818-995-1913	818-995-0634
3441 Clairton Place, Encino, CA 91436		
<i>www.lactationinstitute.org</i>		
<b>Wellstart International</b> .....	619-295-5192	619-574-8159
PO Box 80877		
San Diego, CA 92138-0877		
<i>www.wellstart.org</i>		

# 4 | BREASTFEEDING TOOLS & GUIDELINES



## GUIDELINES FOR MANAGING COMMON BREASTFEEDING CONCERNS

The following section has been adapted with permission from The Mississippi State Department of Health WIC Program.

Protocols for Breastfeeding Management

Keitha Whitaker, BS, IBCLC, Camille Foretich, BS, IBCLC, CHES, Cathy Carothers, BS, IBCLC

January 2001

**Breastfeeding mothers should contact a lactation consultant or their primary care provider as recommended in the Criteria for Breastfeeding Referral (page 38) to discuss and receive treatment for the following concerns.**

ENGORGEMENT	
<b>RATIONALE</b>	<ul style="list-style-type: none"> <li>» The mother who experiences engorgement is at risk for sore nipples, plugged ducts, breast infections, and/or breast abscess.</li> <li>» The infant who is unable to latch on to the breast because of engorgement is at risk for poor feeding behaviors and slow weight gain.</li> </ul>
<b>POSSIBLE CAUSES</b>	<ul style="list-style-type: none"> <li>» Delayed initiation of breastfeeding</li> <li>» Hospital schedules which delay or limit infant's access to the breast</li> <li>» Limiting the amount of time baby nurses at the breasts, or scheduling feedings</li> <li>» Poor positioning and improper latch-on techniques</li> <li>» Sleepy baby</li> <li>» Inadequate milk removal of the breast</li> <li>» Routine supplementation or complementary feedings</li> <li>» Previous breast surgery</li> <li>» Baby with a weak suck (babies with anatomical challenges such as cleft lip/ cleft palate or Down's Syndrome)</li> </ul>
<b>EDUCATION/ INTERVENTION</b>	<ul style="list-style-type: none"> <li>» Educate mothers on the importance of:               <ul style="list-style-type: none"> <li>» Initiating breastfeeding within the first hour after birth</li> <li>» Recognizing the baby's hunger cues</li> <li>» Allowing the baby to finish the first breast first</li> <li>» Breastfeeding frequently – at least 8 times a day, preferably 10 to 12 times – or every 2 to 3 hours</li> <li>» Avoiding the use of pacifiers, bottles, and nipple shields</li> </ul> </li> </ul>

<b>ENGORGEMENT (CONTINUED)</b>	
<b>EDUCATION/ INTERVENTION</b>	<ul style="list-style-type: none"> <li>» Observe the mother breastfeeding and assist with latch-on and positioning problems.</li> <li>» Ask the mother if she has had breast reduction surgery. Check the mother's breast, if possible, for signs of scarring from previous breast surgery.</li> <li>» To treat engorgement:               <ul style="list-style-type: none"> <li>» Apply heat and massage the breasts before breastfeeding</li> <li>» Breastfeed frequently</li> <li>» Use cold compresses between feedings to reduce swelling</li> <li>» As needed, pump or hand express just enough milk to relieve over fullness without encouraging milk production</li> <li>» Have the mother wear breast shells for 30 minutes before nursing to soften the areola and bring out the nipple</li> <li>» Before each feeding, have the mother express a little milk or pump 2 minutes to assist the baby in latching on to the breast</li> <li>» If the mother is very uncomfortable suggest that she ask her doctor about pain medication, such as Tylenol or Ibuprofen</li> <li>» If the baby is not feeding well and the mother is unable to relieve her engorgement with any of the techniques above, use an electric breast pump to fully express the mother's breasts once or twice</li> </ul> </li> <li>» If engorgement is unrelieved after 48 hours using the described treatments, suggest that the mother see her doctor to rule out other problems.</li> <li>» Binding the breast to suppress lactation or decrease engorgement is an outdated practice that may result in plugged ducts, mastitis, abscess, and tissue damage. The above listed treatments for breast engorgement are the standard of practice used by Health Care Professionals knowledgeable in breastfeeding management.</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>» Contact the client within 24 hours to answer questions and provide further assistance or information as needed.</li> <li>» Maintain daily contact until the engorgement is resolved, thereafter as often as needed by the client.</li> </ul>
<b>RESOURCE</b>	<ul style="list-style-type: none"> <li>» Mohrbacher &amp; Stock, The Breastfeeding Answer Book, Third Revised Edition. Schaumburg, IL: La Leche League International, 2003, pp. 28, 109, 218, 457.</li> </ul>

<b>SORE NIPPLES IN THE BREASTFEEDING WOMAN</b>	
<b>RATIONALE</b>	<ul style="list-style-type: none"> <li>» The mother who has sore nipples is at risk for engorgement due to her reluctance to latch the baby on because of the pain. Sore nipples can lead to a negative breastfeeding experience and, ultimately, premature weaning.</li> <li>» The infant whose mother has sore nipples is at risk for possible slow weight gain and being prematurely weaned.</li> <li>» Breastfeeding should not hurt. Sore nipples are not a normal part of breastfeeding. If a woman's nipples are tender beyond a few seconds when the baby latches on or are so painful that she cannot breastfeed she is at risk for mastitis, plugged ducts, and low milk supply.</li> </ul>
<b>POSSIBLE CAUSES</b>	<p><b>LACTATION-RELATED</b></p> <ul style="list-style-type: none"> <li>» Improper position and latch</li> <li>» Unrelieved negative pressure</li> <li>» Unresolved engorgement</li> <li>» Improper use of milk expression, hand or pump</li> <li>» Use of creams, lotions, soaps, etc.</li> <li>» Infrequent changing of breast pads, resulting in nipples and areola staying wet</li> <li>» Bottle feeding or feeding with a nipple shield</li> </ul> <p><b>MEDICAL-RELATED</b></p> <ul style="list-style-type: none"> <li>» Thrush</li> <li>» Mastitis</li> <li>» Vasospasm of nipple</li> <li>» Baby with high palate</li> <li>» Baby with tongue-tie</li> </ul>
<b>EDUCATION/ INTERVENTION</b>	<ul style="list-style-type: none"> <li>» Start on least sore side first, or initiate milk ejection reflex before latching baby on.</li> <li>» Position and latch baby correctly.</li> <li>» Shorter more frequent feedings are best because baby is less hungry and sucks less vigorously.</li> <li>» Apply expressed breastmilk to nipple after feeding.</li> <li>» Apply warm water soaks to relieve transient soreness.</li> <li>» Apply pure lanolin (such as Lansinoh® or PureLan®) generously to nipples and areola, avoiding very tip of nipple.</li> <li>» Apply hydrogel pads to reduce nipple pain (mixed research results).</li> <li>» Vary nursing positions at each feeding.</li> </ul>

<b>SORE NIPPLES IN THE BREASTFEEDING WOMAN (CONTINUED)</b>	
<b>EDUCATION/ INTERVENTION</b>	<ul style="list-style-type: none"> <li>» Wear breast shells in between feedings with the insert that has the larger hole. If the nipple/areola is cracked, fissured, or severely damaged, a medical evaluation is warranted.</li> <li>» Rarely is it helpful to take the baby from the breast and just pump while allowing the nipples to heal. However, if the mother is in severe pain and will not put the baby to the breast, pump with an electric pump and feed the baby with an alternate feeding device, i.e. cup, syringe, finger feeding, etc.</li> </ul>
<b>FOLLOW -UP</b>	<ul style="list-style-type: none"> <li>» Daily contact is needed to assess breastfeeding and to answer questions and give further instructions until soreness is resolved.</li> <li>» If comfortable latch cannot be established or soreness does not resolve with these measures, seek further assistance for evaluation and management from an IBCLC or breastfeeding specialist.</li> </ul>
<b>RESOURCES</b>	<ul style="list-style-type: none"> <li>» Mohrbacher &amp; Stock, The Breastfeeding Answer Book, Third Revised Edition. Schaumburg, IL: La Leche League International, 2003, pp. 456-70.</li> <li>» Riordan, Breastfeeding and Human Lactation, Third Edition. Sudbury, MA: Jones &amp; Bartlett Publishers, 2005, pp. 225-27.</li> </ul>
<b>SLOW WEIGHT GAIN &amp; FAILURE TO THRIVE</b>	
<b>RATIONALE</b>	<ul style="list-style-type: none"> <li>» Infants who gain weight poorly are at higher risk for impaired growth, intellectual performance, and malnutrition.</li> </ul>
<b>POSSIBLE CAUSES</b>	<p><b>LOW MILK TRANSFER</b></p> <ul style="list-style-type: none"> <li>» Poor latch, ineffective sucking</li> <li>» Poor muscle tone</li> <li>» Prematurity</li> <li>» Oromotor dysfunction</li> <li>» Breastfeeds are short and hurried or infant is removed from breast too soon and does not receive enough hindmilk</li> <li>» Not waking at night to feed</li> <li>» Routine supplementation of water and artificial baby milk</li> <li>» Infant is nipple confused due to introduction of bottle, nipples, and pacifier</li> </ul> <p><b>LOW MILK PRODUCTION</b></p> <ul style="list-style-type: none"> <li>» Medications, i.e., contraceptives, antihistamines</li> <li>» Mother lacks confidence, embarrassed to feed, therefore infant feeds less often</li> <li>» Use of a nipple shield</li> <li>» Not finishing the first breast first</li> <li>» Poor release of milk, i.e., medications, smoking, alcohol</li> <li>» Feeding infrequently or by a rigid schedule</li> </ul>

<b>SLOW WEIGHT GAIN &amp; FAILURE TO THRIVE (CONTINUED)</b>	
<b>POSSIBLE CAUSES</b>	<p><b>OTHER CAUSES</b></p> <ul style="list-style-type: none"> <li>» Less common infant causes included excessive metabolic requirements such as cardiac failure, infection, or medication withdrawal</li> <li>» Less common maternal causes include endocrine abnormalities such as hypoprolactinemia, Sheehan's Syndrome, or retained placental fragments; anatomic variants of the breast or previous breast surgery; stress; fatigue; illness; narcotic addiction</li> </ul>
<b>EDUCATION/ INTERVENTIONS</b>	<p><b>IF LOW MILK PRODUCTION IS THE PROBLEM, INCREASE MILK PRODUCTION WHEN FEASIBLE</b></p> <ul style="list-style-type: none"> <li>» Mother is motivated and persistent.</li> <li>» Increase stimulation to breast via more frequent feedings and/or use of an electric breast pump with a dual pumping kit.</li> <li>» Mother expresses milk between breastfeedings.</li> <li>» Mother reduces supplementation slowly as her milk production increases.</li> <li>» Baby receives supplement from cup, syringe, or spoon.</li> <li>» Adjust maternal nutrition as needed by increasing food and fluids if intake has been low.</li> <li>» Offer both breasts at a feed, several times each.</li> <li>» Quit or reduce smoking.</li> <li>» Rest as much as possible, and relax during breastfeeds to help the milk flow.</li> <li>» Consult a medical provider for possible medication treatment.</li> </ul> <p><b>INFANT ISSUES</b></p> <ul style="list-style-type: none"> <li>» Adjust positioning to maximize milk intake.</li> <li>» Use a supplemental nutrition system filled with either expressed mother's milk or artificial baby milk. Follow manufacturer's instructions on how to use.</li> <li>» Nurse on one breast at a feeding (if the problem is low hindmilk intake).</li> <li>» Use breast compression to stimulate active nursing.</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>» Infants should be followed closely by the medical provider. Medical provider and lactation consultant should work closely together. Check infant weight in one week for 3.5-7 oz. gain. If less than 3.5-7 oz., then increase the amount of supplement and review and adjust techniques. Instruct mother to keep a breastfeeding log recording number of times she nurses and wet diapers / bowel movements.</li> </ul>

<b>SLOW WEIGHT GAIN &amp; FAILURE TO THRIVE (CONTINUED)</b>	
<b>RESOURCES</b>	<ul style="list-style-type: none"> <li>» Lactation Consultant Series, Inadequate Weight Gain in Breastfeeding Infants: Assessments &amp; Resolutions Unit 8 LLLI.</li> <li>» Mohrbacher &amp; Stock, The Breastfeeding Answer Book, Third Revised Edition. Schaumburg, IL: La Leche League International, 2003, pp. 150-75.</li> <li>» Riordan, Breastfeeding and Human Lactation, Third Edition. Sudbury, MA: Jones &amp; Bartlett Publishers, 2005, pp. 277-309.</li> <li>» Breastfeeding Handbook for Physicians, AAP/ACOG, 2006, pp. 101-04.</li> </ul>
<b>MASTITIS – PLUGGED DUCT OR BREAST INFECTION</b>	
<b>RATIONALE</b>	<ul style="list-style-type: none"> <li>» The mother with mastitis (any inflammation in the breast) may have plugged ducts and is at risk for developing a breast infection, which may lead to a breast abscess.</li> </ul>
<b>POSSIBLE CAUSES</b>	<ul style="list-style-type: none"> <li>» Missed feedings; limiting the baby's time at the breast</li> <li>» Poor latch-on and positioning</li> <li>» A change in the baby's breastfeeding pattern</li> <li>» A tight bra with underwire, heavy purse, baby carrier, back pack, or diaper bag that puts pressure on the breasts or surrounding tissues</li> <li>» Mother restricting the flow of the milk by pressing on her breast to "make an airway for the baby" (Babies breathe out of the sides of their noses; there is no need to pull breast tissue away from the baby's nose. Babies breathe just fine pulled in close to mother's breast with nose and chin touching the breast in a good latch.)</li> <li>» Mother overdoing activity too soon after baby's birth</li> <li>» Mother sleeping in one position all the time</li> <li>» The use of nipple shields</li> <li>» Any activity or device that puts pressure on the breasts</li> <li>» Mothers with diabetes are at a slightly greater risk for mastitis</li> <li>» Mothers who are anemic are at greater risk for recurrent plugged ducts</li> </ul>

**MASTITIS – PLUGGED DUCT OR BREAST INFECTION (CONTINUED)**

<b>EDUCATION/ INTERVENTION</b>	<p>» For a plugged duct (swelling that comes on gradually, little pain, little or no fever, may shift according to area affected, little or no warmth at affected site):</p> <ul style="list-style-type: none"> <li>» Apply heat (wet or dry compresses, warm shower, soak in warm tub, immerse breasts in basin of warm water) and massage gently. (Some mothers are able to work the plug out in this way. If the baby happens to draw the plug out while breastfeeding, it will not harm him.)</li> <li>» Breastfeed frequently, particularly on the affected side and with baby's chin pointed toward the plugged duct.</li> <li>» Make sure the baby is positioned and latched well on the breast.</li> <li>» Loosen any restrictive clothing.</li> <li>» Vary nursing positions from feeding to feeding.</li> <li>» Rest. Suggest the mother cut down on other activities until the plug is gone. Increase fluid intake.</li> </ul> <p>» For a breast infection (localized swelling, hot and painful to the touch, usually comes on suddenly, accompanied by fever of 101° and flu-like symptoms):</p> <ul style="list-style-type: none"> <li>» Apply heat and massage gently; breastfeed frequently, especially on the affected side; make sure the baby is positioned and latched well; loosen restrictive clothing; change nursing positions; and REST, as above.</li> <li>» Refer the mother to her medical provider for diagnosis and treatment.</li> <li>» Possible bacteria or germ transmission to the infant is of no concern and the mother should be advised to continue breastfeeding.</li> <li>» Continued breastfeeding comforts both mother and baby and results in the breast infection healing faster.</li> <li>» Increase fluid intake.</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>» Contact the client within 24 hours to answer questions and provide further assistance or information as needed.</li> <li>» Maintain daily contact until the problem is resolved, thereafter as often as needed by the client.</li> </ul>
<b>RESOURCE</b>	<ul style="list-style-type: none"> <li>» Mohrbacher &amp; Stock, <i>The Breastfeeding Answer Book</i>, Third Revised Edition. Schaumburg, IL: La Leche League International, 2003, pp. 496-507.</li> </ul>

<b>THRUSH</b>	
<b>RATIONALE</b>	<ul style="list-style-type: none"> <li>» The mother who has a yeast infection on her nipples (often referred to as nipple thrush, which is a fungal infection caused by <i>candida albicans</i>) is at risk for getting extremely sore nipples and spreading the fungal infection to other members of the family. In addition, the irritation caused by the thrush infection can increase the likelihood that the mother will also contract a bacterial infection. The mother with nipple thrush often experiences nipple pain, itching, or burning or shooting pain toward the back wall of the breast that persists or worsens after the feeding. The nipple or areola may be red and shiny, have white patches, or appear normal.</li> <li>» The baby with thrush may be gassy, fussy at the breast, and have a very uncomfortable diaper rash.</li> </ul>
<b>POSSIBLE CAUSES</b>	<p style="text-align: center;"><b>CONTRIBUTING FACTORS TO YEAST INFECTION</b></p> <ul style="list-style-type: none"> <li>» Previous or current vaginal yeast infection</li> <li>» Use of antibiotics and other drugs, such as steroids, over a long period</li> <li>» Cracked nipple</li> <li>» Diabetes</li> <li>» Use of oral contraceptives</li> <li>» Nutritional deficiencies or high-sugar diet</li> <li>» Infrequent changing of wet nursing pads</li> </ul>
<b>EDUCATION/ INTERVENTION</b>	<ul style="list-style-type: none"> <li>» Discuss the behaviors and environmental factors that promote the growth of yeast infections.</li> <li>» Refer the mother and baby to their respective medical providers for diagnosis and treatment. Treatment of breast infection due to <i>candida albicans</i> should be undertaken by treating the mother and infant simultaneously when either of them is symptomatic. The mother's partner may also need treatment. Evaluate the comfort and effectiveness of latch to address underlying breast trauma.</li> <li>» Use of breast shells during treatment can provide relief while allowing the medication to work.</li> </ul>

**THRUSH (CONTINUED)**

**EDUCATION/** » For clinicians licensed to prescribe medication:

- INTERVENTION**
- » Nystatin ointment for the mother and nystatin oral suspension for the baby are usually used to treat thrush. Follow the full course of treatment, usually 10 days to 2 weeks. Mother should be encouraged to continue breastfeeding.
  - » Some physicians recommend that women use over-the-counter vaginal yeast preparations on their nipples. Anecdotal reports say that this can be an effective treatment. The easy availability of over-the-counter medications, however, should not lead women to self-treat. Nor should lactation consultants who are not licensed to prescribe medications recommend this treatment. They should encourage their clients to seek treatment from qualified clinical care providers.
  - » The method of using the over-the-counter vaginal yeast preparations is that the mother apply the cream or lotion to her nipples and breast before and after each feeding, as well as around the infant's entire diaper area if there is any redness. The mother may also have vaginal yeast infection and should simultaneously use an antifungal intravaginal preparation.
  - » Other treatments for thrush include: an oral prescription for the mother if thrush recurs; gentian violet swabbed in the baby's mouth and on mother's nipples. (See chart at the end of this section.)
  - » The mother should continue to breastfeed with a thrush infection and while undergoing treatment.
  - » Remind the mother to wash her hands after going to the bathroom, changing the baby's diaper, breastfeeding, and handling any of the baby's toys or teething toys that he puts in his mouth.
  - » Wash the baby's hands often if he sucks his thumb or fingers.
  - » Suggest that the mother boil any bottles, pacifiers, nipples, and teething toys for 20 minutes once a day to kill the yeast. Replace all bottles, pacifiers, nipples, and teething toys after one week of the thrush treatment. In addition, toys or anything else that the baby puts in his mouth should be washed with hot, soapy water frequently.
  - » Discard any breast milk that has been pumped during a thrush outbreak. Freezing only deactivates the thrush; it doesn't kill it.
  - » Reusable breast pads should be washed in hot, soapy water and dried thoroughly after each use; disposable breast pads (preferable during a thrush outbreak) should be discarded after each use.
  - » If the mother is using a breast pump, recommend that all parts that come in contact with the milk be boiled for 20 minutes once a day.

THRUSH (CONTINUED)	
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>» Contact the client within 24 to 48 hours to answer questions and provide further assistance or information as needed.</li> <li>» Maintain contact 2 to 3 times weekly until the thrush is resolved, thereafter as often as needed by the client.</li> <li>» Remind the client of the importance of cleanliness and of taking the full course of her medication in order to get rid of and prevent a recurrence of thrush.</li> </ul>
<b>RESOURCES</b>	<ul style="list-style-type: none"> <li>» Mohrbacher &amp; Stock, <i>The Breastfeeding Answer Book</i>, Third Revised Edition. Schaumburg, IL: La Leche League International, 2003, pp. 127, 480-84, 564-65.</li> <li>» Riordan, <i>Breastfeeding and Human Lactation</i>, Third Edition. Sudbury, MA: Jones &amp; Bartlett Publishers, 2005, pp. 255-60.</li> <li>» <i>Breastfeeding Handbook for Physicians</i>, AAP/ACOG, 2006, pp. 135.</li> </ul>

SELECTED ANTIFUNGAL PREPARATIONS		
DRUG NAME	PREPARATIONS	USUAL DOSAGE*
Clotrimazole (Lotrimin, Mycelex)	Creams	Apply 2 times/day to mother's nipples
Gentian violet	0.25% or 0.5% diluted solution	Pediatric: apply with Q-tip to coat baby's mouth 1 time/day for 2-3 days, do not repeat treatment.
Fluconazole (Diflucan)	Oral tablets (adult) Oral suspension (pediatric)	Adults: 400 mg loading dose, then 100 mg twice daily for at least 2 weeks until pain-free for a week Pediatric: 6-12 mg/kg loading dose, then 3-6 mg/kg Length of treatment: not established
Ketoconazole (Nizoral)	Oral tablets	Adults: single dose of 200-400 mg Pediatric: single dose of 50 mg/day for children weighing less than 20 kg or 100 mg for children weighing 20-40 kg
Miconazole (Monistat)	Creams and lotions	Skin cream or lotion: apply 3-4 times/day to mother's nipples for 14 days or for several days after symptoms resolve

\* All medicines should be taken as prescribed by a doctor.

SELECTED ANTIFUNGAL PREPARATIONS (CONTINUED)		
Nystatin (Mycostatin)	Suspensions, creams, powders, and ointments	Resistance to nystatin is growing. Oral for adults: 1.5-2.4 million units/day, divided into 3-4 doses Oral pediatric: 400,000-800,000 units/day, divided into 3-4 doses Topical: 1 million units applied 2 times/day to mother's nipples Length of treatment: 14 days or for several days after symptoms resolve
Jack Newman's All Purpose Nipple Ointment	Ointment mixed by a compounding pharmacist: Mupirocin 2% ointment (10 g), Nystatin 100,000 units/ml ointment (10 g), Clotrimazole 10% vaginal cream (10 g), Betamethasone 0.1% ointment (10 g) Clotrimazole can be left out if 10% dosage not available Substitutions may adversely affect strength and efficacy	Apply sparingly to mother's nipples after each feeding, use until pain free

\* All medicines should be taken as prescribed by a doctor.

JAUNDICE	
<b>RATIONALE</b>	» Infants with jaundice are at risk of brain injury, interrupted breastfeeding, slow weight gain, nipple confusion, and premature weaning.
<b>POSSIBLE CAUSES</b>	<b>IN THE FIRST WEEK OF LIFE</b> » Jaundice associated with inadequate breast milk intake (can be caused by delayed, infrequent, or timed feedings at the breast and results in exaggerated physiologic jaundice, usually 3-5 days, but can persist) » A disease or condition that results in increased red blood cell breakdown, interferes with processing of bilirubin by the liver, and increases reabsorption of bilirubin by the bowel » Ethnic heritage

**JAUNDICE (CONTINUED)****POSSIBLE AFTER TWO WEEKS OF AGE**

**CAUSES** » Breastmilk jaundice-late onset, prolonged unconjugated hyperbilirubinemia in otherwise healthy, thriving breastfed infant with no evidence of hemolysis, infection, or metabolic disease (This type of jaundice is due to human milk factor that increases intestinal absorption of bilirubin. The elevated bilirubin, usually noted after the first week of life, can last for weeks.)

**AMERICAN ACADEMY OF PEDIATRICS "CLINICAL PRACTICE GUIDELINES" FOR JAUNDICE**

To decrease the burden of hyperbilirubinemia medical providers should:

1. Promote and support successful breastfeeding.
2. Establish nursery protocols for the identification and evaluation of hyperbilirubinemia.
3. Measure the total serum bilirubin (TSB) or transcutaneous bilirubin (TcB) level on infants jaundiced in the first 24 hours.
4. Recognize that visual estimation of the degree of jaundice can lead to errors, particularly in darkly pigmented infants.
5. Interpret all bilirubin levels according to the infant's age in hours ([www.bilitool.org](http://www.bilitool.org)).
6. Recognize that infants at less than 38 weeks' gestation, particularly those who are breastfed, are at higher risk of developing hyperbilirubinemia and require closer surveillance and monitoring.
7. Perform a systematic assessment on all infants before discharge for the risk of severe hyperbilirubinemia.
8. Provide parents with written and verbal information about newborn jaundice.
9. Provide appropriate follow-up based on the time of discharge and the risk assessment.
10. Treat newborns, when indicated, with phototherapy or exchange transfusion.

**EDUCATION/ IN THE FIRST WEEK OF LIFE**

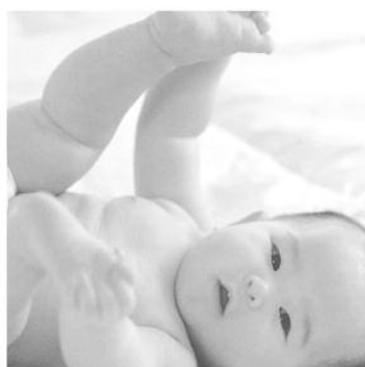
**INTERVENTION** » Evaluation by a pediatric practitioner who can order the appropriate lab work and assess the infant is urgent when one encounters an infant in the first week of life who appears jaundiced and/or dehydrated, malnourished, not gaining weight, and lethargic. While awaiting medical evaluation, assist the mother to nurse the baby effectively.

- » Encourage the mother to breastfeed as soon after birth as possible so that the baby receives the maximum beneficial effects of colostrum.
- » Encourage the mother to breastfeed 8-12 times daily, letting the baby finish the first breast first and allowing the baby to determine both the frequency and duration of feeds (as long as the baby is not sleepy or skipping feedings).

<b>JAUNDICE (CONTINUED)</b>	
<b>EDUCATION/ INTERVENTION</b>	<p><b>IN THE FIRST WEEK OF LIFE (CONTINUED)</b></p> <ul style="list-style-type: none"> <li>» Teach the mother how to rouse a sleepy baby, as jaundice often makes babies sleepy.</li> <li>» Encourage the mother to talk with her doctor about her baby's treatment, if treatment is indicated.</li> <li>» Encourage the mother to continue breastfeeding during the baby's treatment, if treatment is necessary.</li> <li>» Stress the importance of frequent stooling in the jaundiced baby.</li> <li>» Instruct the mother to avoid water supplements as research has shown that water supplements have no effect on the type of bilirubin that causes jaundice, and water supplements can actually increase bilirubin levels by depressing the infant's urge to breastfeed.</li> <li>» Instruct the mother in proper positioning, latch, and the correct suck/swallow behavior to look for as her infant feeds.</li> </ul> <p><b>AFTER TWO WEEKS OF AGE</b></p> <ul style="list-style-type: none"> <li>» Examine the infant to ensure good health. Consider evaluation of serum bilirubin level. If jaundice persists longer than three weeks, consider unconjugated hyperbilirubinemia. Consider other causes such as galactosemia, hypothyroidism, UTI, pyloric stenosis, or low grade hemolysis.</li> <li>» Encourage the mother to continue breastfeeding.</li> <li>» Reassure the mother that breastmilk jaundice may last as long as 6-12 weeks. If bilirubin levels continue to rise, breastfeeding may be interrupted for 24-48 hours. Assist the mother while maintaining her milk supply during this interruption. Resuming breastfeeding after the levels have fallen should not pose any risk.</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>» Contact the client within 48 hours to answer questions and to provide further assistance as needed.</li> <li>» Maintain contact with the client until the jaundice is resolved and thereafter as needed by the client.</li> </ul>
<b>RESOURCES</b>	<ul style="list-style-type: none"> <li>» American Academy of Pediatrics (AAP) Subcommittee on Hyperbilirubinemia. Management of Hyperbilirubinemia in the Newborn Infant 35 or more Weeks of Gestation. Pediatrics, 2004, 114(1): 297-316.</li> <li>» Mohrbacher &amp; Stock, The Breastfeeding Answer Book, Revised Edition. Schaumburg, IL: La Leche League International, 2003, pp. 27-30, 258-75.</li> <li>» Breastfeeding Handbook for Physicians, AAP/ACOG, 2006, pp. 106-07.</li> </ul>

# AGES AND STAGES: BREASTFEEDING DURING YOUR BABY'S FIRST YEAR

*Adapted from "Ages and Stages: What to Expect During Breastfeeding"*  
by Vicki Schmidt, RN, IBCLC



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## BREASTFEEDING YOUR 1-2 MONTH OLD

### WHAT TO EXPECT!

**During this time your baby may:**

- » Turn his head and eyes toward light
- » Watch your face and try to respond to speech
- » Become quiet at the sound of your voice and smile at you
- » Hold his head up without wobbling
- » Begin to make cooing sounds at 6-8 weeks

**Things your baby may enjoy:**

- » Mobiles and wrist rattles
- » Being rocked gently to a lullaby
- » Wind-up musical toys

**Breastfeeding during this time:**

- » First off, congratulations on your decision to breastfeed! Any amount of breastmilk you provide for your baby helps get him off to a healthier start.
- » Spend time with other breastfeeding mothers, but remember that all babies are different and there is a wide range of normal newborn behavior.
- » Your baby is learning to trust that you are there to feed and comfort him; he may seem calmer and cry less.
- » You might not feel the letdown reflex, or its intensity may have subsided.
- » Continue to keep a flexible feeding schedule. Nighttime feedings are still expected, but your baby might sleep for 4-5 hour stretches at night.
- » The breast fullness you had the first several weeks is less, but this does not mean you don't have enough milk. Your body is just getting adjusted to its new role.
- » If you are using any formula, your body may decrease the amount of milk it makes because you are skipping a feeding.
- » Take a nap each day, as fatigue is your worst enemy.
- » Breastfeeding your baby frequently is the best way to have plenty of milk and a satisfied baby.
- » Eat anything you want in moderation and drink plenty of water.
- » You may find your pre-pregnant figure beginning to return as you burn calories making breastmilk.

**Call your breastfeeding helper for advice or support if:**

- » Your nipples are still sore when your baby latches on and throughout the feeding.
- » You don't think you have enough milk for your baby.
- » You have questions about pumping and storing milk.
- » You are feeling overwhelmed and just need to hear a friendly voice.

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## BREASTFEEDING YOUR 3-4 MONTH OLD

### WHAT TO EXPECT!

#### **During this time your baby may:**

- » Sleep and cry less and spend more time learning about her world
- » Start to reach for mobiles, rattles, and small toys, and grasp a rattle when it is handed to her
- » Begin to drool, especially in the 4th month
- » Roll over, usually from stomach to back first
- » Start laughing and making sounds like “aaaaa” and “oooo”
- » Begin sleeping through the night
- » Watch you walk across a room

#### **Things your baby may enjoy:**

- » Taking a bath and learning to splash
- » A child-proof mirror on the edge of the crib
- » Your singing!
- » Playing pat-a-cake, by clapping her hands together
- » Going for a ride in a stroller

#### **Breastfeeding during this time:**

- » Breastmilk is all your baby needs to stay healthy and grow. Cereal is not necessary at this time, and giving solids too soon will decrease your milk supply.
- » Around 3 months, some babies experience a “growth spurt” and want to nurse more frequently. If this happens, just breastfeed your baby more often, rest, and avoid the temptation to give formula. This is nature’s way of increasing your milk supply as your baby grows.
- » If your breasts leaked in the first two months, the worst is usually over. It may just occur at feeding times or during the night if your baby sleeps for a longer stretch of time than usual.
- » You should discuss birth control with your doctor/midwife at your postpartum check-up because it is possible to become pregnant while breastfeeding.
- » It is normal not to be interested in sex the way you were before having your baby. Talk to your partner because some partners may feel like they are in competition with the baby.
- » Around 4 months or so, your baby may pat the breast lovingly while nursing.

#### **Call your breastfeeding helper for advice or support if:**

- » You are returning to work and have questions about pumping and storing breastmilk.
- » You just need a friend or someone to tell you what a great job you are doing.

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## BREASTFEEDING YOUR 5-6 MONTH OLD WHAT TO EXPECT!

### **During this time your baby may:**

- » Shake and bang things
- » Roll over, tummy to back and back to tummy
- » Sit with support
- » Put things in his mouth
- » Reach out to be picked up
- » Turn his head when he hears your voice, even if you are across the room
- » Start to become aware of strangers

### **Things your baby may enjoy:**

- » A small ball to roll and hold onto
- » Soft toys that he can put into his mouth
- » An activity gym with things to reach for that move when hit
- » Toys that make noises when they are shaken or squeezed

### **Breastfeeding during this time:**

- » Your baby will continue to get antibodies from you that will protect him from common illnesses.
- » Your baby will become easily distracted while nursing but this does not mean he is not interested in continuing to breastfeed. Babies are just very curious about their world, and this is a healthy sign of normal development.
- » Your baby may nurse for shorter periods of time because he is very efficient at breastfeeding now, and he requires less time to satisfy his hunger needs.
- » Drooling and sucking on fingers is common and may mean the start of teething. Nursing may make your baby's gums tender, and he may pull away from the breast abruptly.
- » You will most likely begin feeding your baby solid foods now. Do this slowly, starting with single grain cereals like rice or barley, then fruits, vegetables, and meats. Allow at least several days to a week between each new food to check for different allergies.

### **Call your breastfeeding helper for advice or support if:**

- » You just need someone to talk to who understands what it is like to have a new baby.
- » You have questions about any aspect of breastfeeding.

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## BREASTFEEDING YOUR 7-8 MONTH OLD

### WHAT TO EXPECT!

#### **During this time your baby may:**

- » Have her first tooth (7 months is the most common age)
- » Drool and chew on everything
- » Begin to crawl or just rock on hands and knees
- » Reach for the spoon during feedings
- » Sit alone without support
- » Cry in different ways to say she is hurt, wet, or hungry
- » Close her mouth and turn her head away when she is no longer hungry
- » Show signs of anxiety when separated from parent

#### **Things your baby may enjoy:**

- » Searching for toys hidden under a blanket or basket
- » Dropping objects over the edge of the crib or high chair
- » Following a ball rolling away from her
- » Smiling at herself in the mirror

#### **Breastfeeding during this time:**

- » If your baby reacts fearfully to a stranger, she may turn to you for comfort and reassurance and increase her feedings. This need for closeness will eventually help your baby become more independent, so do not view it as a step backwards.
- » This can be a time when mothers feel pressure from others to wean because the baby seems so independent, but the security of nursing is still an important factor in the baby's life.
- » Biting during teething is common. If this happens, immediately take your baby off the breast and wait for a few seconds, then try feeding again. You may have to do this several times. Avoid yelling at your baby. Yelling might make her refuse the breast.
- » Nursing strikes (sudden loss of interest in the breast) can occur, and the reason is often unknown. You may need to pump for comfort and to maintain your milk supply. Sometimes mother-to-baby skin-to-skin contact helps the baby return to the breast.

#### **Call your breastfeeding helper for advice or support if:**

- » You need support, encouragement, and reminding that you are providing something no one else can for your baby.
- » You have decided to wean your baby and need helpful tips to make it easier for you and your baby.

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## BREASTFEEDING YOUR 9-10 MONTH OLD

### WHAT TO EXPECT!

**During this time your baby may:**

- » Crawl or attempt to crawl
- » Pull to standing position while holding onto furniture
- » Play peek-a-boo or wave bye-bye after seeing you do it
- » Look at the right person when someone says “mama” or “dada”
- » Explore the home. Make sure it has been baby-proofed and that your baby is never left unattended if not in a playpen
- » Understand if you say “no”

**Things your baby may enjoy:**

- » Stacking rings or soft blocks
- » Pop-up toys
- » Inflatable rolls (never balloons)
- » First books
- » Safe household objects such as sauce pans, lids, and wooden spoons

**Breastfeeding during this time:**

- » Your baby is still receiving important nourishment that only you can provide.
- » Your baby may hold onto the breast with one or both hands while nursing.
- » Babies become easily distracted at the breast and may interrupt their feedings frequently.
- » Your baby enjoys finger foods at this time. They give him a sense of independence.
- » Your baby can join the rest of the family for meals as he begins to develop a regular pattern of three meals a day.
- » Remember that if you wean your baby, he should receive formula. He is still too young for cow’s milk. The American Academy of Pediatrics recommends breastmilk for at least the first year of life.
- » If breastfeeding is decreasing as you introduce table foods, you may see a change in your baby’s bowel movements; they will become firmer and may at times be difficult to pass. If this occurs, increase the time at the breast, and consult the baby’s doctor if the problem persists.

**Call your breastfeeding helper for advice or support if:**

- » Your breasts are unusually full and firm, and you think you might have an infection because your baby is suddenly nursing less.
- » You have questions about weaning your baby or continuing to provide breastmilk as your baby reaches his first birthday.

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## BREASTFEEDING YOUR 11-12 MONTH OLD

### WHAT TO EXPECT!

#### **During this time your baby may:**

- » Hand you an object on request
- » Follow simple directions, such as “clap hands,” and “give it to Mommy”
- » Show affection towards familiar people
- » Stand alone for a few seconds and even try to walk a few steps
- » Help with dressing by putting out arms for sleeves and feet for shoes
- » Shake her head “no”
- » Pay attention to conversations

#### **Things your baby may enjoy:**

- » Responding to music by dancing or bouncing
- » Putting blocks in and out of a container
- » Opening and closing cabinet doors
- » Drinking from a cup
- » Simple musical toys
- » Push and pull toys

#### **Breastfeeding during this time:**

- » You may want to keep a toy or a snack with you when you go out in case your baby gets fussy and you are uncomfortable breastfeeding an older baby in public.
- » Breastfeeding provides both nutritional advantages and emotional security for toddlers and it is okay to continue to breastfeed.
- » It is also normal to sometimes feel irritated by your baby at the breast; this may help you know that it may be time to wean your baby.
- » Whatever you decide about continuing to breastfeed or not, it is your decision and should be respected.
- » Many babies will wean themselves down to just 2-3 feedings a day, depending on how much solid food they are getting.
- » Even nursing once or twice a day can be relaxing and enjoyable for you and your baby. It encourages a slow and gradual weaning process.

#### **Call your breastfeeding helper for advice or support if:**

- » You are feeling pressured by anyone to stop breastfeeding your baby.
- » You need someone to help educate others about the benefits of continued breastfeeding.

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## FREQUENTLY ASKED QUESTIONS ABOUT BREASTFEEDING

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### OUTLINE

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General Questions

Questions about Mother

- » Breast Concerns
- » Nutrition Concerns
- » Social Concerns
- » Birth Control Options

Questions about Baby

### GENERAL QUESTIONS

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#### **Why should I breastfeed?**

- » Breastfeeding is something only a mother can do for her baby. Breastfeeding helps a mother bond with her baby. Physical contact is important to newborns and can help them feel more secure, warm, and comforted.
- » Breastmilk is the most complete form of nutrition for infants. It's always convenient, fresh, and the right temperature. A mother's milk has just the right amount of fat, sugar, water, and protein that is needed for her baby's growth and development. It is easier for most babies to digest breast milk than formula.
- » Breastfeeding helps a mother to recover from pregnancy and childbirth. It helps the uterus to get back to its original size and reduces any bleeding a woman may have after giving birth. It also uses up extra calories, making it easier to lose weight gained during pregnancy.
- » Breastfed babies are healthier. They have fewer sick visits and are hospitalized less often.
- » Breastfeeding lowers a mother's risk of breast cancer and may lower her risk of ovarian cancer.

#### **When should I start breastfeeding?**

You should nurse your baby as soon as possible after birth, preferably within the first hour of life when the baby's sucking instinct is strong. Early and frequent feedings of your early milk, called colostrum (a yellowish fluid full of antibodies), helps protect your baby from disease. Your mature milk will come in within a few days after delivery.

#### **How long do I need to breastfeed?**

Experts recommend that babies receive only breastmilk – no formula – for the first six months of life. Continue to breastfeed for 12 months or longer adding age appropriate solids when the baby shows signs of readiness.

**How often do I need to breastfeed?**

Newborns need to nurse often, at least 8 to 10 times in a 24 hour period, and not on a strict schedule. This will help the mother's breasts to produce plenty of milk. Breastfed babies eat more often than bottle-fed babies. This is because breast milk is easier to digest than formula.

**Is there any time when a woman should not breastfeed?**

*Sickness/Illness:* Some women think that when they are sick, they should not breastfeed. However, most common illnesses, such as colds, flu, or diarrhea, can't be passed through breast milk. In fact, if a mother is sick, her breast milk will have antibodies in it. These antibodies will help protect her baby from getting the same sickness.

*HIV:* HIV, the virus that causes AIDS, can pass through breastmilk. Women in the United States who are HIV positive should not breastfeed. An option for an HIV positive mother could be donor milk from a milk bank. Ask your health care provider about donor milk, which must be purchased.

*Galactosemia:* All babies born in Rhode Island are tested for a rare condition called galactosemia. Babies with galactosemia should not be breastfed. If this condition runs in your baby's family, please talk with your doctor.

*Tobacco:* While it is best for your baby to have no exposure to tobacco smoke, the benefits to your baby from breastfeeding outweigh some of the risks of tobacco exposure. Breastmilk will help your baby stay healthier and lower the risk of crib death (SIDS). Please call 1-800-Try to Stop and speak with your doctor to help you quit or cut down on smoking.

*Street Drugs:* Women who use drugs should not breastfeed. Drugs used by a breastfeeding mother can affect her baby. Babies can become addicted to drugs and have serious side effects such as irritability, poor sleeping patterns, tremors, and vomiting. Mothers on methadone or other treatments for heroin addiction can breastfeed their babies.

*Alcohol:* When a breastfeeding mother drinks alcohol, it passes into the breastmilk. Once the mother's blood alcohol level returns to normal, the alcohol will leave the breastmilk. An occasional drink timed to avoid a feeding will not harm the baby. Too much alcohol may affect your ability to care for your baby. It may also decrease the amount of milk you make and cause the baby to gain weight too slowly or have developmental delays.

*Food Allergies:* In families with a strong history of food allergies, mothers should talk to allergy or breastfeeding experts about avoiding allergy-causing foods while breastfeeding. Sometimes a baby may have a reaction (such as vomiting, diarrhea, or a rash) to something the mother eats. This doesn't mean the baby is allergic to the mother's milk. If the mother stops eating whatever is bothering her baby, the problem will usually go away.

### **If I decide to breastfeed, is there a right way to do so?**

Here are several tips for making breastfeeding a good experience for both mother and baby.

- » Nurse as soon as possible after birth and continue to breastfeed often.
- » Make sure the baby has a good deep latch. Nurse with the nipple and some of the areola (brown area surrounding the nipple) in the baby's mouth, not just the nipple.
- » Breastfeed on demand, whenever the baby seems hungry.
- » Try a support group. Some women find they have an easier time when they meet other breastfeeding moms.

### **When do I wean my breastfed child?**

You can wean your child whenever and for whatever reason you and your child decide that the time has come. The simplest, most natural way to wean is when your child starts the process. Weaning begins naturally at six months, when iron-fortified solid foods are introduced. Some children begin to turn gradually away from breastfeeding and toward other forms of nutrition and comfort around one year of age. Others wean themselves during the toddler years as they become more physically active and less willing to sit still to nurse. If your baby refuses the breast but you are not ready to wean, or if you are ready to wean but are not sure how, a lactation consultant at a breastfeeding warm-line may be able to help.

## **QUESTIONS ABOUT MOTHER: BREAST CONCERNS**

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### **Does breastfeeding hurt?**

Breastfeeding should not hurt. If your baby is latched on and positioned properly, you should not feel pain. Your baby's mouth should be wide open, with as much of the areola as far back into his or her mouth as possible. This minimizes soreness for you. Your baby should not nurse on the nipple only. If you feel pain, your baby is not latched onto your breast properly and you will need to call a lactation consultant at a breastfeeding warm-line for help.

### **Will my breasts become engorged if I am breastfeeding?**

It is normal for breasts to feel full a few days after delivery. This feeling goes away by the time the baby is about 4 weeks old. Severe engorgement can be prevented by breastfeeding right after birth and continuing to feed the baby whenever he or she seems hungry. Your baby's

feedings should not be timed or delayed in any way in the first few weeks. Sleepy babies should be awakened every 3-4 hours to feed until a normal feeding pattern is developed. If your breasts are so full that the areola is hard, the baby may not be able to latch. Try warm compresses and expressing some milk before feeding. Call a lactation consultant or a breastfeeding warm-line for more help.

### **Will my breasts leak while I am breastfeeding?**

It is common to have some leaking from one breast while the baby is nursing on the other breast or when feeding time is getting close. This is much less common after 3 or 4 months of nursing.

To prevent leaking:

- » Press firmly against the nipple with your arm for about one minute.
- » Wear protective clothing with nursing pads.
- » Change nursing pads often to allow the nipples to stay dry.
- » Avoid use of breast pads that have a plastic coating.

### **Can I breastfeed if my breasts are small?**

Of course! Breast size is not related to the ability to produce milk for a baby. Breast size is determined by the amount of fatty tissue in the breast, not by the amount of milk-producing tissue. Most women, regardless of breast size, can make enough milk for their babies.

### **Can I still breastfeed after breast surgery?**

Plastic surgery to enlarge breasts does not usually prevent breastfeeding. However, plastic surgery to reduce breast size is more likely to interfere with breastfeeding, especially if the nipples have been moved and milk ducts have been cut. Many women who have had this type of surgery are still able to breastfeed. Make sure that your doctor and your baby's doctor know about your surgery, because your baby will need to be watched closely to make sure he or she is getting enough breastmilk.

### **Can I breastfeed if I have a pierced nipple?**

Pierced nipples do not usually interfere with breastfeeding, but any jewelry should be removed before a breastfeeding session to prevent your child from choking. If your piercing became infected when it was pierced or later, inform your doctor. Infection or scarring may make breastfeeding more difficult. Some of your breastmilk may leak through the pierced hole while you are breastfeeding. This is usually not a problem. If you have any questions, be sure to ask your pediatrician or a lactation consultant to check that your baby is nursing well.

## QUESTIONS ABOUT MOTHER: NUTRITION CONCERNS

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### **What foods do I need to eat while I am breastfeeding?**

You can enjoy the foods you normally eat. It is best for you to eat a healthy, well-balanced diet, including at least five fruits and vegetables a day, but your breastmilk will still be good for your baby no matter what you eat. It is important to drink to fully satisfy thirst to replace the fluids you are losing when you breastfeed. You do not need to drink cow's milk to make good breastmilk. You can continue to take your prenatal vitamins. Rarely, a baby may get fussy or gassy after you have eaten a certain food because he or she is sensitive to that food.

### **Can I take medicine while I am breastfeeding?**

Most medications will not enter breastmilk, but it is important to have your health care provider, lactation consultant, or pharmacist check on the safety of any medicine or herbal remedy you plan to take while breastfeeding.

### **Can I breastfeed and drink caffeine?**

One or two cups (8 ounces = 1 cup) of a caffeinated beverage, such as coffee or soda, should not cause any problems for your baby. Large amounts of caffeine can reduce the amount of milk that you make or make your baby irritable.

## QUESTIONS ABOUT MOTHER: SOCIAL CONCERNS

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### **Will breastfeeding tie me to my home?**

Not at all! Breastfeeding can be convenient no matter where you are because you don't have to bring along feeding equipment like bottles, water, or formula. Your baby is all you need. Even if you want to breastfeed in private, you usually can find a woman's lounge or fitting room. If you want to go out without your baby, you can pump your milk beforehand and leave it for someone else to give your baby while you are gone.

### **What do I do when I need to breastfeed outside my home?**

You can breastfeed in public, without anyone knowing, by wearing clothes that allow easy access to your breasts, such as button down shirts. By placing a receiving blanket over your baby and your breast, most people won't even know that you are breastfeeding. It's helpful to breastfeed before the baby becomes fussy so that you can get into a comfortable position for feeding. You also can purchase a nursing cover or baby sling for added privacy. Many stores have women's lounges or dressing rooms, if you want to slip into one of those to breastfeed. A Rhode Island law permits breastfeeding in any public place.

**Will my partner be jealous if I breastfeed?**

If you prepare your partner and other close family members in advance, they should not be jealous. Explain that you want and need their support. Explain to them the important benefits of breastfeeding. You can tell them that breastfeeding will give this child the best start at life, with benefits that can last well into childhood. Be sure to say how much money the family will save. Tell them it will cost hundreds of dollars a month to pay for formula – money that could go to bills, savings, shopping, or a family vacation.

**How can my partner help?**

Your partner and other close family members can be there to support and encourage you while you and the baby are learning to breastfeed. In the hospital, they can limit visitors so you can rest and learn to feed the baby. Family members can hold and cuddle the baby and bring the baby to you to nurse. They can help with changing and burping the baby, sharing chores, and by simply sitting with you and the baby to enjoy the special mood that breastfeeding creates.

**Can I still breastfeed when I go back to work?**

With careful planning, you can still breastfeed when you go back to work. If your job allows, you can pump your breast milk a few times during the day and refrigerate or freeze it for your baby to take in a bottle later. Or, some women nurse at night and on weekends and give their babies daytime bottles of formula. A mother's milk production can adapt to this type of schedule.

If your job does not have a lactation program, ask your supervisor or human resources department to arrange for your needs. Working mothers who breastfeed need a clean, private, and safe space other than a toilet stall where they can pump milk and need breaks during the day to pump milk. Rhode Island has a *Nursing Working Mother's Law* to encourage employers to support breastfeeding women in these ways. To start a conversation about your breastfeeding needs, give your supervisor copies of this law and the tips for supporting breastfeeding employees posted at [www.health.ri.gov/family/breastfeeding/workplaces.php](http://www.health.ri.gov/family/breastfeeding/workplaces.php).

**Where can I rent a breast pump?**

Talk to your health care provider or a lactation consultant at a breastfeeding warm-line about whether a breast pump will meet your needs.

**How much do breastfeeding pumps cost and what kind will I need?**

Your health insurance plan may provide breast pumps or cover the cost of renting or buying a breast pump. Breast pumps range in price from under \$50 (manual/hand pump or battery powered pumps) to several hundred dollars (electrical and hospital grade pumps). If you're only going to be away from your baby a few hours a week, then you can purchase a hand pump or

one of the less expensive ones. If you're going back to work, it is worth investing in a good quality electric pump. You can purchase these from some retail stores or online, but most are available for purchase or rent through lactation consultants, at local hospitals, or from a breastfeeding organization.

## QUESTIONS ABOUT MOTHER: BIRTH CONTROL OPTIONS

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### **Will breastfeeding keep me from getting pregnant?**

When a woman breastfeeds, her ovaries can stop releasing eggs, making it harder for her to get pregnant. A woman's periods can also stop, but that does not guarantee that she will not get pregnant while nursing. The only way to make sure pregnancy does not occur is to use a method of birth control. Most birth control pills are not safe to use when a woman is nursing. The only safe birth control pill to use is the "mini-pill." Talk with your health care provider about what birth control method is best for you while nursing.

## QUESTIONS ABOUT BABY

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### **How do I hold my baby when I breastfeed?**

There are several different ways to hold your baby when you breastfeed: the Cradle hold, the Football hold, the Side-Lying hold, and the Cross-Cradle hold. Talk to breastfeeding warm-line staff or your lactation consultant to find out how to hold the baby in each of these ways.

### **How do I know my baby is getting enough breast milk?**

Babies have different eating and diaper habits. The most common signs that babies are getting enough milk are:

- » The baby nurses well 8-12 times daily and seems satisfied when done.
- » At least 4-6 wet diapers and 3-6 loose, yellow, seedy-looking stools a day, after 4 days of age.
- » A 3.5-7 ounce weight gain weekly, after the first week of age.

### **Should I give my baby water or cereal while I am breastfeeding?**

Breastmilk is all your baby will need for about the first 6 months of life. You don't have to give your baby water, juice, or infant formula. These things can interfere with your milk supply if you give them to your baby in the early months. Solid foods can be given when the baby is about 6 months old, but a baby can drink breastmilk for as long as mother and baby wish.

### **Can I give my baby a bottle or pacifier while I breastfeed?**

Avoid bottle nipples until your baby gets used to feeding at your breast – when the baby is about 4 to 6 weeks old. Also avoid using pacifiers, especially during the first 3 weeks of life. Bottle nipples and pacifiers require a different sucking pattern than breastfeeding. It is possible for the baby to become confused about how to suck at the breast and how to suck from a bottle nipple or pacifier.

**What are my baby's stools supposed to look like?**

A breastfed baby's stool will change from a black, tarry, sticky substance to a loose, yellow, seedy appearance in the first 4 days. If these changes do not happen, call your baby's doctor. After 8 to 12 weeks, your baby may not have a bowel movement every day. As long as your baby is breastfeeding, his stool will be loose, unformed, and seedy. It's usually yellow-green to tan in color and may smell like sour milk.

**Can I breastfeed my teething baby?**

Many babies with teeth never bite when breastfeeding. A baby cannot bite while actually breastfeeding because her tongue covers her lower teeth. A baby who nips the breast as she starts to pull away near the end of a feeding can be taught to stop. If your baby is teething and you are afraid that she may bite you, keep your finger ready to break the suction and remove your breast as soon as the rhythmic suckling stops.

**SOURCES**

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Answers to questions adapted from: The National Women's Health Information Center: Breastfeeding and An Easy Guide to Breastfeeding for African-American Women, Office of Women's Health, Department of Health and Human Services; New Mother's Guide to Breastfeeding, American Academy of Pediatrics; Rhode Island Breastfeeding Coalition (answers may be adapted from Loving Support campaign materials).

Take this record to your baby's checkup!  
Questions to ask your baby's doctor:

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### Signs that breastfeeding is going well

- » When your baby is breastfeeding, her mouth is open wide like a yawn with her lips flipped out.
- » You can hear the baby swallowing as he breastfeeds.
- » Your baby breastfeeds at least 8 times every 24 hours.
- » Your baby is happy or sleepy after breastfeeding.
- » By the end of the first week, your baby wets at least 4 diapers every day.
- » By the end of the first week, your baby makes at least 3 soft yellow bowel movements every 24 hours.

✦ For more information about family health services and programs, call the Family Health Information Line at 1-800-942-7434. Our staff speaks English and Spanish. We're ready to help.

Baby's Breastfeeding Record adapted from Kay Hoover, MEd, IBCLC, Philadelphia Department of Public Health and Best Start Social Marketing, Inc.  
These recommendations are based on the 2005 American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk.

MAKE HEALTH PART OF YOUR FAMILY  
RHODE ISLAND DEPARTMENT OF HEALTH

## Breastfeeding Record for Baby's First Week

Use this record to keep track of your baby's breastfeedings.





## Breastfeeding Warm Lines

Mothers may call any of these numbers with questions or concerns about breastfeeding. Support groups are also available through many of these hospitals.

**Kent County Hospital** 737-7000 x3332

Lactation consultant will return call.

**Landmark Medical Center** 769-4100 x2218

24-hour call-in assistance is available.

**Memorial Hospital of RI** 729-2291

24-hour call-in assistance is available.

**Newport Hospital** 845-1110

24-hour call-in assistance is available.

**South County Hospital** 782-8020 x1226

Lactation consultant will return call.

**Westerly Hospital** 348-2229

24-hour call-in assistance is available.

**Women and Infants Hospital** 1-800-711-7011

Monday through Friday 9 am to 9 pm.

Saturday and Sunday 9 am to 5 pm.

Leave a message and a nurse will return

your call. Appointments are available for

mothers after hospital discharge. Services

are provided in English and Spanish.

## Breastfeeding Resources for Mothers

**Family Health Information Line** 1-800-942-7434

Bilingual answers to breastfeeding

questions and referrals to local resources

**Rhode Island Department of Health**

[www.health.ri.gov/family/breastfeeding](http://www.health.ri.gov/family/breastfeeding)

Breastfeeding information and resources

for Rhode Island mothers and health care

providers.

**Women, Infants & Children (WIC)** 1-800-942-7434

[www.health.ri.gov/family/wic](http://www.health.ri.gov/family/wic)

Breastfeeding promotion and support in

the Rhode Island WIC Program

**La Leche League International** 1-847-519-7730

[www.lalcheleague.org](http://www.lalcheleague.org)

Support from other breastfeeding mothers

by telephone or at local meetings

**National Women's Health Information Center** 1-800-994-WOMAN (-9662)

[www.4woman.gov/breastfeeding](http://www.4woman.gov/breastfeeding)

Bilingual breastfeeding information and

resources for mothers

✦ For more information about family health services

and programs, call the Family Health Information Line

at 1-800-942-7434. Our staff speaks English

and Spanish. We're ready to help.

## Other common concerns

\* Your family and friends can help you care for your baby in many other ways besides feeding her. Tell them why breastfeeding is important to you. They want the best for you and your baby.

\* A Rhode Island law allows you to breastfeed anywhere in public. If you feel embarrassed, you can learn to breastfeed so no one sees anything. Your WIC nutritionist, peer counselor, or breastfeeding specialist can teach you how.

\* Many moms go back to school or work and keep breastfeeding. Talk to your WIC nutritionist, peer counselor, or breastfeeding specialist about learning to pump your breastmilk. If you choose not to pump your breastmilk, you can still breastfeed before you leave home each day and after you return.

\* Smoking, drinking alcohol, and taking medications do not mean that you cannot breastfeed your baby. The benefits of breastfeeding may outweigh the health risks to your child. Talk to a WIC nutritionist, peer counselor, or breastfeeding specialist about the best choices for your family.

## Breastfeeding Your Baby

Follow these tips to help you and your baby start breastfeeding and keep breastfeeding for as long as you and your baby choose.

MAKE HEALTH PART OF YOUR FAMILY  
RHODE ISLAND DEPARTMENT OF HEALTH



## Getting off to a good start

- \* Breastmilk is the only food your new baby needs.
- \* Doctors say it is best to feed your baby only breastmilk until he is around 6 months old, but any amount of breastfeeding will benefit you and your baby.
- \* Let your doctor, nurse, and family know that you are planning to breastfeed.
- \* Tell hospital staff not to offer your baby a bottle or pacifier.
- \* Ask to have your baby stay with you in your hospital room.

## Breastfeeding in the first 6 months

- \* Breastfeed your baby as soon as possible after birth. Keep your baby's head in your room in the hospital and at home. It is easier to breastfeed a hungry baby right away if you are always together.
- \* Breastfeed your baby when she is hungry. She will show you she is hungry by sucking on her hands, moving her mouth or eyes, or stretching. Do not wait until she is frustrated and crying.
- \* It is normal for your body to make only small amounts of milk during the first few days after your baby is born. This milk, called colostrum, will protect your baby from germs and illness. Your body will make more milk 2 to 4 days after birth.
- \* Newborns need to breastfeed every few hours. Breastfeed your baby at least 8 times every 24 hours during the first few weeks after birth. The longer and more often your baby breastfeeds, the more milk your body will make. After about a month, your baby should learn to take in more milk with fewer feedings.



## Asking for help is normal

- \* Learning to breastfeed takes time for both you and your baby. Many moms need help learning to breastfeed their babies.
- \* Call WIC or a breastfeeding specialist with questions about breastfeeding. If you wait too long to get the help you need, it may be harder to breastfeed.

## Breastfeeding should not hurt!

- \* If your breasts feel overly full, breastfeed more often.
- \* Sore nipples are usually caused by putting the baby to your breast incorrectly.
- \* Call WIC or a breastfeeding specialist if you feel pain when you breastfeed.

## Breastfeeding beyond 6 months

- \* Most babies are ready to try other foods when they are around 6 months old.
- \* Your baby will still need breastmilk several times a day for the first year.
- \* After one year, you can continue to breastfeed for as long as you and your baby want.

## Signs that breastfeeding is going well in the first month

- \* When your baby is breastfeeding, her mouth is open wide like a yawn with her lips flipped out.
- \* You can hear or see the baby swallowing as he breastfeeds.
- \* Your baby breastfeeds at least 8 times every 24 hours.
- \* Your baby is happy or sleepy after breastfeeding.
- \* By the end of the first week, your baby wets at least 4 diapers every day.
- \* By the end of the first week, your baby makes at least 3 soft, yellow bowel movements every 24 hours.



# Breastfeeding and Going Back to Work or School

**FOLLOW  
THESE TIPS  
TO PUMP AND  
STORE YOUR  
BREASTMILK**



RHODE ISLAND  
*Breastfeeding*  
COALITION

## Make breastfeeding work for you

If you plan to return to work or school after your baby is born, you can still breastfeed!

If you will miss one or more of your baby's usual feedings, you can pump your breastmilk while you are away. The milk you pump can be used to feed your baby on another day.

The more often you pump your breastmilk while you are away from your baby, the more milk your body will make and the longer you will be able to continue breastfeeding. The number of times you need to pump when you are away depends on your baby's age, how long you will be apart from your baby, and how often your baby breastfeeds when you are together. It is always best to pump at your baby's usual feeding time.

If you choose not to pump your breastmilk while you are at work or school, you can still breastfeed before you leave home each day and after you return.

**DOCTORS SAY  
IT IS BEST TO FEED  
YOUR BABY ONLY  
BREASTMILK UNTIL  
HE IS AROUND  
6 MONTHS OLD**

A Rhode Island law called the Nursing Working Mothers Law asks an employer to give a breastfeeding mom flexible breaks and a safe, clean, private place to pump breastmilk or breastfeed her child.



## Planning your return to work or school

Talk with a breastfeeding specialist about your plans for returning to work or school.

Talk to your human resource manager, supervisor, or student advisor about your breastfeeding plans before you go back to work or school to make sure you have the support you need to keep breastfeeding. Many employers and schools will help you continue to breastfeed when you return to work or classes.

- » Ask about your options, like going back part time for a while or working at home for part of each day or week.
- » Find out where you can breastfeed or pump milk for your baby in a safe, clean, private space other than a toilet stall.
- » Ask about other ways your employer or school can help you continue to breastfeed, such as letting you use a refrigerator or allowing flexible breaks.
- » Give your employer the tear-off card in this brochure called *Breastfeeding in the Workplace*.

### Helpful Tips



Begin pumping your breastmilk a couple of weeks before returning to work or school to become comfortable with the process. Then you will have enough milk stored for your baby when you first return to work or school.

Begin giving your baby a bottle with your breastmilk before you return to work or school so that your baby gets used to taking it. In the beginning, your baby may be more comfortable taking a bottle from someone other than you.

Share your breastfeeding plans with the person who will care for your baby while you are at work or school:

- \* Provide information on storing, thawing, and feeding breastmilk.
- \* Discuss your baby's usual feeding schedule. Ask the caregiver to time your baby's last feeding so your baby is hungry and ready to breastfeed when you arrive. Call if you are going to miss a feeding or be late.
- \* Provide a back-up supply of frozen or refrigerated pumped breastmilk in case your baby needs to eat more often than usual.
- \* If possible, arrange to have your baby brought to you or go visit your baby at lunch to breastfeed.
- \* Ask for a comfortable place to breastfeed during the evenings, before bed, and on weekends as often as possible.

### Pumping your milk

Wash your hands before pumping.

Use clean breast pump parts sterilized in a dishwasher or boiling water. You do not need to wash the tubing of electric pumps.

Hold the flange in place against your breast, centering the opening over your nipple.

\* If you are using a hand pump, create suction by gently pulling and pushing or squeezing the handle with your free hand, or using a foot pedal, imitating the nursing rhythm of your baby.

\* If you are using an electric pump, the motor will create suction for you. Start at the lowest speed and suction level and then gradually increase until comfortable.

\* Pump for up to 15 minutes on each side, until the milk stops flowing.

Pump breastmilk into either a bottle or special breastmilk collection bag.

\* Fill the container with only 2 to 4 ounces of breastmilk to avoid wasting unused milk.



*Flange* »

\* Leave some space at the top of the bottle or bag if you plan to freeze the breastmilk. Breastmilk expands as it freezes.

Label the container with:

- \* Baby's name
- \* Date and time that the breastmilk was pumped

### Storing your milk

Store fresh breastmilk in one of the following ways:

\* Insulated bag/cooler with ice packs:  
**Up to 24 hours**

\* Refrigerator: **Use or freeze within 72 hours**

\* Home Freezer: **Up to 3 months**

Fresh breastmilk may be kept at room temperature (77° or less) for up to 4 hours.

When storing breastmilk in the refrigerator or freezer:

\* Place breastmilk storage bags inside a larger bag or bowl to prevent tearing and holes.

\* Store frozen breastmilk in the back of the freezer. Never store breastmilk on the freezer door or in the front of the freezer.

Always carry breastmilk between your home and child care in an insulated bag or cooler with ice packs.

Talk with a breastfeeding specialist if you have concerns about pumping or storing your milk.



### Thawing frozen breastmilk

Tips for thawing frozen breastmilk:

\* Never thaw breastmilk on the stove, in a bottle warmer, or in the microwave. Heating breastmilk in these ways destroys important nutrients that protect a baby's health.

\* Thawed breastmilk may be kept in the refrigerator for up to 24 hours.

\* Never refreeze thawed breastmilk.

There are three different ways to thaw frozen breastmilk:

\* **Method 1:** Let the breastmilk thaw in the refrigerator.

\* **Method 2:** Hold the container of breastmilk under warm running water until the milk thaws and reaches room temperature.

\* **Method 3:** Put the container of frozen breastmilk into warm water until the milk thaws and reaches room temperature.

### Feeding Tips

- \* Use oldest breastmilk first.
- \* Feed your baby breastmilk that is cool, at room temperature, or warmed by thawing.
- \* Shake the bottle to mix the breastmilk.
- \* Follow your baby's lead in the amount of breastmilk to feed. Stop feeding your baby when he loses interest.
- \* Throw away any breastmilk left in the bottle within one hour after the feeding.
- \* Do not reuse bottles until they have been cleaned.

BREASTFEEDING TIPS TO SHARE WITH YOUR CHILD CARE PROVIDER ARE POSTED AT [WWW.HEALTH.RI.GOV/FAMILY/BREASTFEEDING/PROFESSIONALS-GUIDELINES.PHP](http://WWW.HEALTH.RI.GOV/FAMILY/BREASTFEEDING/PROFESSIONALS-GUIDELINES.PHP)

# Preparing and Storing Breastmilk

## Tips for Childcare Providers

It is important that you properly store and handle breastmilk to keep it from spoiling

### Ask mothers to follow these steps at home:

- Pump breastmilk into either a bottle or special breastmilk collection bag. Fill the container with the amount of breastmilk the baby usually drinks at one feeding.
- Label the container with:
  - Baby's name
  - Date and time that the breastmilk was pumped
- Store the breastmilk in the refrigerator or freezer right after it is pumped.
- Bring containers of fresh or frozen breastmilk to the childcare center in a cooler with an ice pack to keep it cold.

### Follow these steps yourself when storing breastmilk:

#### Fresh Breastmilk (breastmilk that has never been frozen):

- Check that each container is labeled with the baby's name and the date the breastmilk was pumped. Never accept a container without a label.
- Refrigerate breastmilk immediately. Never allow breastmilk to stand at room temperature.
- Throw out breastmilk that has been in the refrigerator for more than 3 days.

#### Frozen Breastmilk:

- Check that each container is labeled with the baby's name and the date the breastmilk was pumped. Never accept a container without a label.
- Store frozen breastmilk in the back of the freezer. Never store breastmilk on the freezer door or in the front of the freezer.
- Keep frozen breastmilk in the freezer until it is needed for feeding. Never allow breastmilk to stand at room temperature.
- Throw out breastmilk that has been in the freezer for 3 months.

### Thawing frozen breastmilk

#### Tips for thawing frozen breastmilk:

- Never thaw breastmilk on the stove or in a microwave. Heating breastmilk in these ways destroys important nutrients that protect a baby's health.
- Thawed breastmilk may be kept in the refrigerator for up to 24 hours.
- Never refreeze thawed breastmilk.

#### There are three different ways to thaw frozen breastmilk:

##### Method 1

Let breastmilk thaw in the refrigerator until you are ready to use it.

##### Method 2

Hold the container of breastmilk under warm running water until the milk thaws and reaches room temperature.

##### Method 3

Put the container of frozen breastmilk into warm water until the milk thaws and reaches room temperature.

### Feeding tips

- Use oldest breastmilk first.
- Shake the bottle to mix the breastmilk.
- Follow the baby's lead in the amount of breastmilk to feed. Stop feeding the baby when he or she loses interest.
- Throw away any breastmilk left in the bottle after the feeding.
- Send empty bottles home each day with parents for cleaning. Do not reuse bottles until they have been cleaned.

For more information call the  
HEALTH Information Line  
1-800-942-7434



Supported by HRSA, MCHB

# Support Breastfeeding Mothers

You can help mothers continue breastfeeding when returning to work or school

## To help a mother breastfeed you can:

- > Offer her a comfortable place to pump breastmilk or breastfeed her baby when she visits.
- > Encourage her to get the baby used to being fed pumped breastmilk before starting childcare. Let her know that it is helpful if the baby is comfortable taking a bottle from someone other than the mother.
- > Feed her baby infant formula **only if she requests it.**
- > Discuss the baby's usual feeding schedule. Ask whether she wants you to time the baby's last feeding so that the baby is hungry and ready to breastfeed when she arrives. Ask her to call if she is going to miss a feeding or be late.
- > Encourage her to provide a back-up supply of frozen or refrigerated pumped breastmilk in case the baby needs to eat more often than usual.
- > Share information about other places in the community that can answer her questions and concerns about breastfeeding.

## Tell her about the benefits of breastfeeding

### Breastmilk benefits babies

- > Contains nutrients that reduce infections and food allergies
- > Protects against asthma and diabetes
- > Enhances brain development
- > May protect against obesity

### Breastfeeding benefits mothers

- > Helps mothers recover from pregnancy and get back into shape more quickly
- > Protects against some types of cancer
- > Saves time and money

## Breastfeeding resources for mothers

### HEALTH Information Line

1-800-942-7434

Addresses basic breastfeeding questions and concerns and provides local referrals

### La Leche League International

1-847-519-7730

[www.lalecheleague.org](http://www.lalecheleague.org)

Breastfeeding support and information by telephone and monthly meetings

### Rhode Island Breastfeeding Resource Directory

[www.health.ri.gov/topics/breastfeeding.pdf](http://www.health.ri.gov/topics/breastfeeding.pdf)

Local breastfeeding resources for mothers and their health care providers

All Rhode Island birthing hospitals have "warm-line" phone services that mothers can call after discharge if they have questions or concerns about breastfeeding. Contact your local hospital or the Family Health Information Line for warm-line phone numbers.

For more information call the  
HEALTH Information Line  
1-800-942-7434



## BIRTH WEIGHT CONVERSION TABLES

INFANT WEIGHT LOSS CHART (GRAMS)											
BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS
2041	1878	2495	2295	2948	2712	3402	3130	3856	3548	4309	3964
2070	1904	2523	2321	2977	2739	3430	3156	3884	3573	4337	3990
2098	1930	2551	2347	3005	2765	3459	3182	3912	3599	4366	4017
2126	1956	2580	2374	3033	2790	3487	3208	3941	3626	4394	4042
2155	1983	2608	2399	3062	2817	3515	3234	3969	3651	4423	4069
2183	2008	2637	2426	3090	2843	3544	3260	3997	3677	4451	4095
2211	2034	2665	2452	3118	2869	3572	3286	4026	3704	4479	4121
2240	2061	2693	2478	3147	2895	3600	3312	4054	3730	4508	4147
2268	2087	2722	2504	3175	2921	3629	3339	4082	3755	4536	4173
2296	2112	2750	2530	3203	2947	3657	3364	4111	3782	4564	4199
2325	2139	2778	2556	3232	2973	3685	3390	4139	3808	4593	4226
2353	2165	2807	2582	3260	2999	3714	3417	4167	3834	4621	4251
2381	2191	2835	2608	3289	3026	3742	3443	4196	3860	4649	4277
2410	2217	2863	2634	3317	3052	3770	3468	4224	3886	4678	4304
2438	2243	2892	2661	3345	3077	3799	3495	4252	3912	4706	4330
2466	2269	2920	2686	3374	3104	3827	3521	4281	3939	4734	3455

INFANT WEIGHT LOSS CHART (POUNDS)											
BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS	BW	8% LOSS
4-8	4-2	5-8	5-1	6-8	6-0	7-8	6-15	8-8	7-13	9-8	8-12
4-9	4-3	5-9	5-2	6-9	6-1	7-9	6-15.5	8-9	7-14	9-9	8-13
4-10	4-4	5-10	5-3	6-10	6-2	7-10	7-0	8-10	7-15	9-10	8-14
4-11	4-5	5-11	5-4	6-11	6-2.5	7-11	7-1	8-11	8-0	9-11	8-15
4-12	4-6	5-12	5-5	6-12	6-3	7-12	7-2	8-12	8-1	9-12	9-0
4-13	4-7	5-13	5-6	6-13	6-4	7-13	7-3	8-13	8-2	9-13	9-1
4-14	4-8	5-14	5-7	6-14	6-5	7-14	7-4	8-14	8-3	9-14	9-2
4-15	4-9	5-15	5-8	6-15	6-6	7-15	7-5	8-15	8-3.5	9-15	9-2.5
5-0	4-10	6-0	5-8.5	7-0	6-7	8-0	7-6	9-0	8-4	10-0	9-3
5-1	4-11	6-1	5-9	7-1	6-8	8-1	7-7	9-1	8-5	10-1	9-4
5-2	4-11.5	6-2	5-10	7-2	6-9	8-2	7-8	9-2	8-6	10-2	9-5
5-3	4-12	6-3	5-11	7-3	6-10	8-3	7-9	9-3	8-7	10-3	9-6
5-4	4-13	6-4	5-12	7-4	6-11	8-4	7-10	9-4	8-8	10-4	9-7
5-5	4-14	6-5	5-13	7-5	6-12	8-5	7-11	9-5	8-9	10-5	9-8
5-6	4-15	6-6	5-14	7-6	6-13	8-6	7-11.5	9-6	8-10	10-6	9-9
5-7	5-0	6-7	5-15	7-7	6-14	8-7	7-12	9-7	8-11	10-7	9-10

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## THE RHODE ISLAND BREASTFEEDING COALITION

The Rhode Island Breastfeeding Coalition meets on the last Wednesday of every month except December in the Beck Conference Room at the Rhode Island Department of Health from 12:15 to 1:45 p.m. Professionals and those interested in promoting and supporting breastfeeding are welcome to attend.

**Contact the Family Health Information Line at 800-942-7434 or the Rhode Island Department of Health Breastfeeding Web Pages at [www.health.ri.gov/family/breastfeeding](http://www.health.ri.gov/family/breastfeeding) for additional information.**

The Rhode Island Department of Health, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Non-Discrimination Statement:

“In accordance with Federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. For sex or handicap complaints, contact the State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908.”

Disclaimer: We have tried our best to include all local breastfeeding sources as of Fall 2008. Representatives of other breastfeeding resources or services can contact the Family Health Information Line at 800-942-7434 to be listed in the next published edition.



Rhode Island Department of Health  
3 Capitol Hill  
Providence, RI 02908

[www.health.ri.gov/family/breastfeeding](http://www.health.ri.gov/family/breastfeeding)



Rhode Island Breastfeeding Coalition  
Post Office Box 4806  
Middletown, RI 02842

[www.health.ri.gov/family/breastfeeding/ribc.php](http://www.health.ri.gov/family/breastfeeding/ribc.php)