



# Infant Feeding

## What is Infant Feeding?

**Infant feeding** is feeding a child until one year of age.

**Breastfeeding** is feeding human milk (breast milk) and is the normal food for infants. For this reason, this guideline primarily covers breastfeeding and its promotion, protection and support.

Infants should be breastfed for **at least the first year of life**, if not longer, as mutually desired:<sup>1</sup>

- [Infants under ~6 months of age](#) should be **exclusively breastfed**, which means feeding only human milk (with the exception of vitamins, minerals and medicines). The infant is not given any formula, juice, water, milk of any other animal or other foods.
- [Infants ~6 months of age and older](#) should be fed human milk with complementary foods being added as the infant develops (Figure IF-4). An infant who starts solids is fully breastfed as long as human milk is not replaced by formula, cow's milk, or juice.

**Formula feeding** is feeding infant formula. Infant formula is milk from a cow or other animal that has been modified for use with infants. Infants should not be given regular cow's milk that has not been modified. Such milk is not appropriate for infants due to their extra nutritional needs and can cause illness.

**Combination or “mixed” feeding** is feeding both formula and human milk. Feeding both is not better than feeding only human milk. Combination feeding can reduce the amount of mother's milk the baby takes. This decreases the amount of milk the mother makes and her ability to protect her baby.

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## California Nutrition and Physical Activity Guidelines for Adolescents

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## Why is Breastfeeding Important?

This is described in the context of Mothers and Child(ren), Families and Communities. Not all benefits/risks are described here.

### Mothers and Child(ren)

The health effects of breastfeeding for mothers and children are well recognized and supported by scientific evidence. Infants and mothers who are not breastfed are more likely to have health problems. Examples are shown in Table IF-1.

Table IF-1 Impacts of Not Breastfeeding <sup>2</sup>
<b>Among full-term infants, increased risk of:</b>
<ul style="list-style-type: none"> <li>• Acute ear infection</li> <li>• Eczema</li> <li>• Diarrhea and vomiting</li> <li>• Hospitalization for some lung infections in the first year</li> <li>• Asthma</li> <li>• Childhood obesity</li> <li>• Type 2 diabetes</li> <li>• Some cancers (leukemia)</li> <li>• Sudden Infant Death Syndrome (SIDS)</li> </ul>
<b>Among preterm infants, increased risk of:</b>
<ul style="list-style-type: none"> <li>• Death from intestinal infection (necrotizing enterocolitis)</li> </ul>
<b>Among mothers, increased risk of:</b>
<ul style="list-style-type: none"> <li>• Breast cancer</li> <li>• Ovarian cancer</li> </ul>
<b>Among families and communities:</b>
<ul style="list-style-type: none"> <li>• Missed opportunities to bond through breastfeeding</li> <li>• Higher economic costs: lab tests, formula, medicines, missed work time<sup>*</sup></li> <li>• Lost opportunity to use a renewable (“green”) source of food</li> </ul>

Public health and medical organizations in the U.S. and worldwide recommend breastfeeding.<sup>†</sup> The AAP states that all substitute products “differ markedly” from human milk and that exclusive breastfeeding for the first six months

<sup>\*</sup> These savings were based on direct costs (e.g., costs for formula as well as physician, hospital, clinic, laboratory, and procedural fees) and indirect costs (e.g., wages parents lose while caring for an ill child), as well as the estimated cost of premature death.

<sup>†</sup> Examples include the World Health Organization (WHO), International Lactation Consultant Association (ILCA), American Academy of Pediatrics (AAP), American Public Health Association (APHA), American Congress of Obstetricians and Gynecologists (ACOG) and the Academy of Nutrition and Dietetics (AND)

of life should be considered normal infant feeding.<sup>1</sup>

Breastfeeding should be thought of as an essential part of the human lifecycle. The first three months after birth can be thought of as the “fourth trimester”<sup>3</sup> of pregnancy because this time is important, not only for breastfeeding, but for the mother’s recovery and the baby’s adjustment to living on his own. It is normal for the following to occur when a mother breastfeeds:

- Her body recovers as her uterus shrinks; helping to reduce her risk of postpartum bleeding
- Her body makes milk and loses some of the fatty stores she developed during her pregnancy, helping her to return to her pre-pregnancy weight
- Periods usually return later, helping her to conserve iron
- Breastfeeding can help mothers feel confident, relaxed and help with bonding with her baby. The infant gets used to eating, breathing and doing for himself what mother’s body used to do. Both learn to communicate and understand each other’s cues and responses

Breastfeeding can help younger mothers in many ways:

- Younger mothers may feel less prepared to raise a child and may lack confidence. Breastfeeding is linked with increased confidence<sup>4</sup>
- Children of younger mothers may be more likely to be neglected or subjected to harsh parenting.<sup>5,6</sup> Breastfeeding may help with bonding and may be associated with reduced abuse/neglect<sup>7</sup>
- Babies born to adolescents are hospitalized more often than those born to older mothers. This makes the factors in human milk that help prevent illness even more important for adolescents<sup>8</sup>
- Younger parents often have lower income, and as such can greatly benefit from the lower cost of breastfeeding as well as fewer medical expenses for their babies<sup>9</sup>

## Families

### ***Fewer Illnesses***

Breastfeeding is important for families. Babies who are not breastfed are more likely to become sick. Mothers and their children are more likely to develop certain chronic diseases if breastfeeding does not take place. When this happens, families face fear, stress, inconvenience, and the financial burden of doctor and hospital visits.

### ***Less Cost***

Breastfeeding helps families save money because they do not have to spend money on formula or extra trips to the doctor and hospital. When children are sick, parents often have to stay home, causing them to lose income.

Mothers who breastfeed can receive extra food from Women, Infants, and Children (WIC), a supplemental nutrition program. Pregnant women, infants and young children are eligible for WIC services if they meet income and health requirements.

[Learn about WIC and how to apply.](#)

### **WIC's Role with Breastfeeding**

WIC promotes breastfeeding by giving mothers who breastfeed their children more food and education based on how much the mother breastfeeds. Fully breastfeeding mothers get the most benefits for themselves and their babies.

[More information about WIC breastfeeding benefits](#)

### ***Opportunities for Bonding***

Breastfeeding provides an opportunity for mothers to bond with their infants. This closeness can help to overcome fears that mothers may have that they may not know how to care for their baby.

## Communities

### ***Breastfeeding is "Green"***

Breastfeeding benefits the environment, since it is all-natural. Breastfeeding does not require animals to feed, land to grow their food, manufacturing and disposal of formula, cans, bottles and related equipment.

When partners or family members say they are feeling "left out" because they can't feed the baby, validate those feelings ("Yes, many people feel this way"). Then brainstorm with the client about ways that others can create their own special bond with the baby.

Some examples include:

- Burp and cuddle the baby once feeding is done
- Get on the floor to play with the baby during "tummy time"
- Play, sing, read, and dance with the baby
- Take the baby/all children out for a walk
- Bring the mother food or water when she is breastfeeding
- Praise the mother for her decision to breastfeed the baby

### ***Breastfeeding is Safest in Disasters***

Emergencies, e.g., natural disasters, terrorist events, can occur anywhere. Breastfeeding is the safest way to feed an infant in an emergency.

Mothers who are scared, stressed, or have stopped breastfeeding can often return to breastfeeding. For more information, visit [Emergencies and Breastfeeding](#).

### **Breastfeeding under California Law**

Breastfeeding is so important that laws have been passed to protect mothers' and babies' rights to breastfeed:

- **In public:** Mothers have the right to breastfeed in all public places
- **At work:** Employers are required to provide a private space for expressing milk, other than a bathroom. They must provide sufficient breaks for expressing of milk

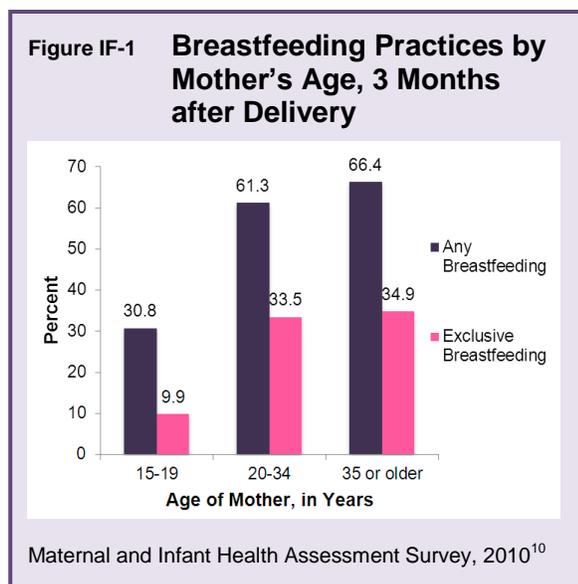
[More information about California's breastfeeding laws](#)

## Breastfeeding Statistics

Younger mothers report breastfeeding less than older mothers. According to the 2010 California Maternal and Infant Health Assessment (MIHA) Survey,<sup>‡</sup> 15-19 year-old California mothers reported the following:<sup>10</sup>

- Before birth, 87.3% said they intended to breastfeed their babies, but only 57.8% reported breastfeeding at any level at three months after delivery
- Before birth, only 42.3% said they intended to breastfeed exclusively compared with 62.3% of mothers 20-34 years old and 62.8% of mothers 35 years or older
- Before birth, 42.3% said they intended to breastfeed exclusively, yet only 9.9% reported exclusively breastfeeding at 3 months after delivery, compared with 33.5% of mothers 20-34 years old and 34.9% of mothers 35 years or older

Figure IF-1 shows exclusive breastfeeding comparisons by age at three months after delivery. Note that AAP recommends exclusive breastfeeding until the infant begins complementary foods around six months of age.



These findings suggest that adolescents and their support people may need help understanding exclusive breastfeeding in the prenatal period and need timely information and support after birth.

Teens, like many mothers, can feel helpless and unprepared to face the challenges of getting breastfeeding started and continuing it beyond the first few weeks. They may lack the support to continue to breastfeed.

Provide resources to call if healthcare providers, family or other caregivers challenge their decision to breastfeed and encourage formula-feeding.

It is important to help teens deal with peer pressure and learn specific skills such as how to pump and store human milk.

Teens need to value what they can give their babies that no one else can: their milk. They need to know the importance of exclusively breastfeeding their babies for at least six months and why no other foods or liquids are better during this time.

Breastfeeding rates vary by race/ethnicity. Among women of all ages, the percent of that report any and exclusive breastfeeding is highest for White and Asian/Pacific Islanders. It is lowest for Black and Hispanic women.

Immigrant families, in adopting U.S. culture, may lose their traditions of breastfeeding. Ask clients if they were breastfed, or if they know people with their cultural background who breastfed. If so, offer praise to engage the client and promote breastfeeding.

<sup>‡</sup> MIHA is an annual, statewide-representative survey of women with a recent live birth in California. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy.

## What Factors Might Influence Breastfeeding Practices?

### Beliefs/Concerns

Teens who participate in focus group studies say that breastfeeding is “best” and is healthy for infants.<sup>11,12</sup> They commonly report that the health benefits for infants<sup>11-13</sup> and increased closeness and bonding<sup>12,13</sup> motivate them to breastfeed. Therefore, it is important to stress that breastfeeding can help them feel close to their baby and that their baby will recognize them as “mother” no matter who else cares for them during the day.

Potential concerns about breastfeeding are listed in Figure IF-2.

#### Figure IF-2 Possible Concerns about Breastfeeding

Teens—and others—may not breastfeed because of the following reasons:<sup>14</sup>

- Concern about insufficient milk
- Fear that breastfeeding is painful
- Believe that infants prefer formula
- Perceive formula as easier
- Embarrassed to breastfeed in public
- Fearful about body changes
- Returning to work or school
- Concern that infants will become excessively dependent
- Discomfort with act of breastfeeding or improper positioning and latching
- Concerned they must have a “special” diet
- Worried that fathers and relatives cannot play a role in the infant’s life

One concern that teens or mothers of any age may have is whether their health or behaviors prevent them from being able to breastfeed. In many cases, mothers can breastfeed. See page IF-9 for situations in which breastfeeding can occur and some situations in which using one’s own milk may not be possible.

Breastfeeding support is often available through WIC. International Board Certified Lactation Consultants<sup>§</sup> in their area can be found through

[www.ilca.org](http://www.ilca.org). These experts can help with latching, positioning and other difficulties.

Those who do not want to breastfeed in public can learn strategies on how to breastfeed discretely from breastfeeding support groups or by talking about their concerns with WIC staff.

More tips to help case managers address specific concerns are available. See [Tips for Addressing Breastfeeding Concerns: A Guide for Case Managers](#).

### Unique Challenges for Teens

The normal challenges of adolescence, such as issues with sexuality, body changes and self-acceptance can affect their choice to breastfeed and get help if they have trouble with breastfeeding.

Teens often have concerns about sexuality. Since breasts are viewed as highly sexualized, breastfeeding may be challenging, embarrassing, or uncomfortable for teen mothers. Teen mothers are also more likely to have been sexually abused than other teens, so this is a possibility that brings additional complications.<sup>15</sup>

Teens who become pregnant have more body changes than most teens. They may feel that their body was not “theirs” for nine months and may want to have their body back. If teens feel stigmatized in society for being a teen mother, they could feel that the act of breastfeeding draws more attention to themselves.

Many teens are self-conscious about their actions and their physical appearance. They may seek validation from friends, family, partners, and society at large and can be vulnerable to pressure from others—friends, family, boyfriends, and the media--and want to fit in with their peers. Unfortunately, breastfeeding is not the norm in American society and it is difficult for a teen mother to feel normal about breastfeeding in such an environment.

These issues are very real and complex. They may not come up when a teen is asked why she does not intend or continue to breastfeed. Open and honest discussions with the teen are key to learning about her thoughts and challenges to breastfeeding.

<sup>§</sup> Look for the certification, IBCLC, which stands for International Board Certified Lactation Consultant.

## Breastfeeding Discussions

**Listen.** Discuss breastfeeding in a sensitive manner and listen to what teens have to say. This is more effective than “telling teens what to do.”<sup>11</sup> Teens must first feel “heard” before they are ready to learn.

**Validate.** Each concern a mother states should be addressed first by letting the mother know her fears/feelings are normal and common: “Yes, many mothers worry that...”

Long lectures are ineffective with mothers. Targeted education based on the concerns she reported is more effective. For example:

- Help is available through WIC or support groups if she finds breastfeeding painful or is worried about pain
- Mothers can eat a variety of foods and still make perfect milk for their babies

Overcome misinformation is by teaching teens how to seek out and evaluate information for themselves. They can invite their support person to group meetings/ classes. Case managers can help teens learn about breastfeeding through websites that provide accurate information (see links in Additional Resources/Web Links Referenced) and up-to-date materials.

## Societal and Cultural Norms

Societal and cultural barriers often make it difficult to choose to breastfeed or carry out one’s decision to breastfeed; examples include:<sup>16</sup>

- Lack of knowledge about breastfeeding, role models or willingness to access mother-to-mother support groups leave many new mothers with few resources during this important transitional time
- Hospital policies such as separation of mother and baby, gifts of free infant formula, early discharge, inadequate follow-up and support in the early days of breastfeeding have been shown to shorten the duration of breastfeeding
- Lack of breastfeeding-friendly environments in the workplace and community, in spite of California Lactation Accommodation Law
- Very few health care professionals have received the training needed to support and help women and their infants with breastfeeding basics
- Limited maternity leave and lack of

workplace feeding or pumping facilities

- Lack of support from one’s peers and family members has an even greater impact on the decision to breastfeed than advice from health care providers, with one of the greatest influences often being a woman’s partner
- Embarrassment, lack of confidence, lack of desire, poor previous breastfeeding experience, fear of change in lifestyle, concerns about their physical appearance, dietary or other health practices, such as smoking and drinking prevent some women from breastfeeding

To help lessen or overcome some of the pressures and barriers teens face, provide the following additional information:

- Formula feeding requires shopping, planning, preparation and cleanup, inconvenient at night and when not at home
- When mother must be away, she still can make sure her baby gets the best by pumping and having her baby’s caretaker give her milk in a bottle. Some WIC agencies have pumps available for mothers going back to work or school. Pumps are also sold in many stores, but ask WIC staff which ones work well
- Encourage students to talk to their school/work about organizing space and time in their schedules to pump
- Help teens find breastfeeding resources using the [My Breastfeeding Resources handout](#)

To help overcome the cultural norm of formula feeding, help teens be firm advocates for themselves in their decision to breastfeed and in all decisions they make. Encourage them to respectfully question what they are told by friends, family, and professionals.

*For example, if told that she should not breastfeed because of her medicine, she could say, “I want to breastfeed. What other medicines can I take that WILL allow me to breastfeed?”*



## Planning for Breastfeeding

It is best to start planning for breastfeeding as early as possible. Early planning is important for all mothers. In fact, prenatal intent may increase breastfeeding success.<sup>17</sup> Suggested ways to help are described below.

1. **Support and encourage her.** Case managers, and others, can do the following:
  - Listen to her, talk to her. Let her know why breastfeeding is important for mothers, infants, families and communities. Ask for her thoughts about breastfeeding—what sounds good about it? What concerns her?
  - Discuss her right to breastfeed in public and express milk at work
  - Provide and discuss educational materials in many forms: written, video, online, etc.
  - Acknowledge and address concerns, answering basic questions, but refer to a specialist when necessary. See [Tips for Addressing Breastfeeding Concerns: A Guide for Case Managers for sample responses](#)
2. **Help her identify role models who breastfed.**
  - Help her identify family, friends, and/or community members who have successfully breastfed
  - Help her attend mother-to-mother support meetings or talk with breastfeeding professionals (described in the next section)
  - See [My Breastfeeding Resources](#) to fill in local support or peer counseling groups
3. **Encourage teens to share her plans to breastfeed** with the people closest to her, so that they are aware of her intent to breastfeed and can support her. Making preparations to breastfeed within the birthing hospital and school or work setting can help her to be successfully breastfed. Targeted strategies are listed in Table IF-2.

Table IF-2 **Sharing Plans to Breastfeed**

### Among friends and family, she can:

- Share her [Birth Plan](#) with partners and others who will be her support persons in the hospital so that they are aware of her desire to breastfeed and can help advocate for her if any issues arise
- Ask friends and family to shorten or delay visits right after delivery, so that she can get to know her baby, breastfeed, and/or use professional breastfeeding help
- Ask a friend, partner, or family member to help with chores the first few weeks after delivery, so mother and baby can breastfeed and bond

### In the hospital setting, she can:

- Develop a [birth plan](#), a signed set of instructions for hospital staff. Keep a copy of her birth plan and make sure copies are in her prenatal chart and sent to the hospitals as part of her record. This is one way that a mother can communicate her desires around birth and breastfeeding
- Ask Labor and Delivery staff to help her start breastfeeding in the first hour after delivery. Tell staff that she wants to be near her baby throughout her stay, so she can have plenty of skin-to-skin contact
- Avoid bottles, formula and pacifiers for the first month, even if she plans to pump or combination feed in the future. Convey this desire to hospital staff\*\*

### In the school/work setting, she can:

- If possible, delay returning to school or work, so she and her baby can get to know each other and get breastfeeding started well. [Learn about six key work laws that help families nurture their children](#)
- If needed, obtain a breastfeeding pump to pump milk at work/school. Pumps may be available through WIC. They can also be rented or purchased (and are tax-deductible)
- Discuss [workplace laws](#) with her employer and arrange for a place and time to pump
- Ask her school or work if it has a daycare, or find a daycare close by, so that she can breastfeed during breaks. Find a supportive child care center and share the handouts at [www.breastfeedingworks.org/resources](http://www.breastfeedingworks.org/resources)

\*\* It is best to get breastfeeding going well during the first month, and later on use bottles/pacifiers if she still wants to do so. The baby can become confused and mother's breasts do not get the message to make enough milk for this baby. This way she keeps her options open to breastfeed or combination feed.

## Support for Breastfeeding

Support is crucial for a breastfeeding mother no matter what her age. Many teens initiate breastfeeding but do not continue possibly because they lack support. Fortunately, many types of support are available.

### Support from Family and Friends

Partners, family, and friends can have a powerful impact on a teen's decision to breastfeed. They can support her decision by being informed about breastfeeding, helping her to get professional assistance if needed, helping with chores, not making discouraging remarks, and by providing a listening ear.

### Community Support

- Many communities have breastfeeding support groups just for breastfeeding mothers. [La Leche League](#) has mother-to-mother support groups
- [WIC agencies](#) have staff that can answer basic questions, and some WIC agencies have peer counselors and lactation experts. The teen can connect with others who share her breastfeeding experiences
- Public Health Nurses can make home visits and provide information and assistance

### Professional Support

- Help teens identify professionals who are knowledgeable about breastfeeding, such as WIC staff, lactation experts, public health nurses, registered dietitians, pediatricians, family practice physicians, and obstetrician/gynecologists
- [International Board Certified Lactation Consultants](#) are lactation experts with the highest level of practical knowledge and skill in breastfeeding support. They make breastfeeding more comfortable by helping with pain, positioning, latching, and other concerns. A Board Certified consultant can have the letters IBCLC after her name

For information about breastfeeding, clients or case managers can also call the 24-hour, toll-free number for the La Leche League (1-877-4-LALECHE). Note: Phone lines, while helpful, may not be able to provide responses immediately.

See the handout, [My Breastfeeding Resources](#), for a list of several professional and community resources. The handout also has sections for case managers to fill in local resources for the client to use.

One way to provide teens who want to breastfeed with the knowledge and skills as well as timely access to the support needed to resist bottles and formula, is by calling **them** in the first few weeks after delivery and providing them with anticipatory guidance about the frequent barriers that mothers face.

An example of topics for these contacts is provided at: "Examples of anticipatory guidance and questions" in the [CDPH Model Hospital Toolkit Policy 10](#).

## Is it safe to Breastfeed?

Mothers are often told myths that cause her to doubt whether she should breastfeed. She should always check with her baby's primary healthcare provider. Most mothers can breastfeed in the following situations:

### 1. If the mother smokes cigarettes.<sup>1,18</sup>

- Encourage quitting. Second-hand smoke harms infants and family members and can cause infant respiratory allergies and Sudden Infant Death Syndrome (SIDS)
- Discourage smoking in the home and near children. Those who smoke should not sleep with the baby in their bed. It is a risk factor for SIDS
- Mothers who breastfeed their babies help reduce some of the risks of smoke exposure. However, nicotine can make mother produce less milk, so her baby may not grow and gain enough weight

### 2. If the mother occasionally has a single alcoholic drink.<sup>1,18</sup>

- Remind the client that in California, the legal drinking age is 21. Drinking alcohol when underage puts her at risk of losing custody of her baby
- Alcohol passes into breast milk and may be harmful for her and the baby. If the mother drinks alcohol, she should stop after one drink, and wait at least 3 hours before breastfeeding the baby. One drink of alcohol is 1 beer, 1 ½ ounces alcohol, or 5 ounces wine. If she has one drink and the baby cannot wait 3 hours to feed, a bottle of warmed-up breast milk from the freezer can be provided
- If one is not using birth control, she should not drink alcohol. If she becomes pregnant again, alcohol can harm the next baby, even before she knows she is pregnant
- Those who drink should make sure that their baby is being safely cared for

### 3. If the mother or child is ill (has the cold, flu, herpes, has had surgery, went to the dentist, etc.).

Human milk has the nutrients and antibodies needed to fight illness. It is very rare that mothers must wean – and even then, they can often express milk and return to breastfeeding once they are well. More information about breastfeeding and [maternal](#) and [infant](#) illness.

### 4. If the mother takes prescription medicine, birth control, or over-the-counter drugs.

Most do not interfere with breastfeeding. However, she should check with the baby's primary health care provider. **Note:** Ask about birth control specifically; she may not think about birth control as a medication. If a particular medication cannot be taken, alternatives are often available. It is best to avoid long-acting medications. [More information about birth control and breastfeeding.](#)

### 5. If the mother is physically active.

Physical activity does not interfere with quality or production of breast milk.<sup>19</sup>

**In rare situations, the mother may need to delay breastfeeding, pump or may not be able to breastfeed.** Refer the client to her healthcare provider in the following situations:<sup>1,18</sup>

- If the infant is diagnosed with galactosemia
- If the mother is positive for human T-cell lymphotropic Virus Type I/II or untreated brucellosis
- If the mother has active untreated Tuberculosis
- If the mother developed Chicken Pox (Varicella) between 5 days before delivery to 2 days after delivery
- If the mother has H1N1
- If the mother has HIV/AIDS
- If the mother needs to use chemotherapy, or radioactive medications
- If the mother uses “street” drugs, marijuana, or drinks alcohol excessively (make appropriate referrals if such behavior is suspected). The child may suffer from inadequate care or endangerment and should be referred to their primary care provider

Appendix B has details about conditions that may warrant pumping, delaying breastfeeding, stopping a behavior, or not breastfeeding at all.

#### Milk Banks

If a mother is unable to breastfeed, her infant can still receive the benefits of human milk. Milk banks provide pasteurized human milk for babies when their mothers cannot provide it. The costs may be covered by Medi-Cal and requires a physician's prescription. Milk banks also accept human milk donations. See the handout, [My Breastfeeding Resources](#), for contact information.



## What is Breastfeeding Like in the Early Weeks?

### The First Weeks

The first few weeks are usually very challenging, as mothers and infants learn to breastfeed. This is normal. It is important for teens to reach out for help and not give up during this crucial time. Stress the normalcy of her feelings and worries. Encourage her to seek out help quickly rather than waiting until she is ready to give up.

Acknowledge that breastfeeding may be challenging at first. As with any new skill, it is most difficult in the beginning but gets easier with time. Anticipate possible difficulties and help the client come up with possible solutions ahead of time, so the client is prepared and supported in continuing to breastfeed.

Table IF-3 describes what can be expected during the first few weeks of breastfeeding.

In the first few days, a thick “early milk” called colostrum is produced, which is rich in immune factors. This milk should not be discarded as it helps protect infants from disease. The amount produced may be so small that it is not readily visible, but babies only need small amounts as their digestive system is immature and they are learning how to suck, swallow and breathe.

After a few days, many mothers are worried that their milk seems “weak” or changes color according to what she eats. Changing milk color, smell, taste and consistency is normal – and helps the baby get used to the flavors of breast milk. Milk will change during a single feeding and from week to week. All of this milk is beneficial and meets the needs of the infant. Contrary to some myths, milk does not “sour” and there is no “bad milk.”

Mothers should learn to feed their baby on cue, not by the clock.

### Nursing on Cue

**Nursing on cue** is breastfeeding when the child gives signs that she is ready to be fed. Parents should feed on cue, feeding the baby when she shows hunger signs and stopping when she shows she doesn’t want any more.

Mothers should watch for cues that their baby is hungry, such as being more active and alert, putting hands or fists to mouth, making sucking motions with the mouth, or making rooting—turning the head--motions.

It is best to feed babies **before** they are crying because crying is a late sign of hunger, and it is harder for the mother and infant to breastfeed when the infant is crying.

Some infants are very sleepy for the first few weeks. If they are not wetting, or stooling or have lost more than 7% of body weight, they need to be awakened. Make sure the mother is following up with her baby’s healthcare provider.

It is normal for babies to want to breastfeed erratically, sometimes wanting to feed every 2 – 4 hours, and at times seeming to want to eat “all the time.” Feeding eight to twelve times in 24 hours during the first month is normal. Infants may feed a little less frequently as they get older. This can change from week to week.

Table IF-3 What to Expect while Breastfeeding: Birth to Six Weeks<sup>20-23</sup>

	Milk	The Infant	The Mother
<b>Birth</b>	There is milk in the breast by 28 weeks of pregnancy. Some women leak milk prior to delivery, but most do not. The first milk, colostrum, is yellowish in color and gives infants early protection against disease. Colostrum is the perfect first food for all newborns. Do not discard it. If the baby is not able to breastfeed, hand express colostrum to a small clean spoon and feed it to the baby by spoon or syringe.	The infant will be awake and alert in the first hour. This is the best time to start learning how to breastfeed. The infant's stomach at birth can hold only about as much as what fits in a marble. It is a "getting to know you" time when the baby adapts to the world and looks for her mother's face, hears her voice and adjusts to the new environment. Place the baby on the mother's chest to warm up and hear familiar sounds. This releases normal seeking behavior leading to the first breastfeeding.	Mother is tired after birth but ready to touch and talk to her baby. This is the perfect time to make her comfortable as she recovers and help her cuddle with and warm her baby skin-to-skin. This is important bonding time. When the baby shows "ready to eat" behaviors (cues) the mother can breastfeed often giving the mother and the baby many opportunities to learn new breastfeeding skills.
<b>First 12-24 Hours</b>	The infant will drink 1 teaspoon of colostrum at each feeding. Women may not see the milk, but it has what the infant needs and in the right amount. The baby shows cues when ready to eat: licking the lips, reaching to the mother or breast, sucking hands or fingers. The baby's stool reflects the changes in breast milk. Stools starts out dark, almost black, and become lighter. If the baby cannot be brought to the mother to breastfeed, hand expression with pumping should be taught so that The baby can be given breast milk as soon as the baby can feed.	It is normal for infants to sleep heavily shortly after birth. Some infants may be too tired to latch on well at first. Expect frequent feedings. Babies have strong instincts to suck and feed every 1-2 hours and sleep after feedings. Some infants, especially if they are not full-term, will be tired and the mother may have to wake them up to breastfeed if they sleep more than 3 hours. Mothers should ask the hospital staff not to give her baby any formula, water, or pacifiers unless needed for medical reasons, because at this age, babies usually breastfeed due to sucking needs rather than hunger. If pacifiers are used to soothe babies, they may skip feedings and not stimulate needed milk production.	Mother needs quiet time to rest during the short times between feedings and time to bond with her baby. Mothers may want to limit visitors. Nipples may be tender, but should not hurt. If breastfeeding hurts, she should ask for breastfeeding help. A semi-reclined position, with the baby on top of the women helps the infant latch on to the breast Women with a C-section may need extra help positioning the baby for feeding, but they can breastfeed even if they are taking medication for pain. If there is concern, consult the baby's health care provider.
<b>Days 2-5</b>	The milk now has more water, so it will look bluish-white, but may still have a yellowish appearance for about two weeks. The milk the woman makes is just right for her baby. Many mothers do not leak milk. This is not a sign of how much milk she makes. By day three the stool should be lighter (more yellow) in color.	The infant will feed often, 10 to 20 times in 24 hours. The more a baby breastfeeds, the more milk a mother makes. The infant's stomach is slowly growing to the size of the baby's fist. All infants do not eat on a schedule or know day from night. It is normal for breastfeeding infants to feed every 1-2 hours for a while, followed by a longer sleep. Feedings will probably take about 30 minutes. It is best not to remove the baby from the first breast until they let go. Some babies take only one side at a feeding. If they nurse on one side only, start on the other side at the next feeding. After delivery, it is normal for an infant to lose some weight. By about 10 days to 2 weeks of age the baby should be back to	Between days 2-4 the mother's breasts will begin to feel full and may leak. Insert pads inside the bra to absorb milk. She usually makes more milk than her baby needs. Frequent breastfeeding can help reduce swollen and hard breasts (engorgement). Between feedings, ice packs can reduce swelling, which goes away in 1-2 days. If breastfeeding becomes difficult, the mother should call for assistance. Day or night, mothers need to rest when the baby sleeps. Family and friends should help her and

		birth weight. The baby should be seen by the health care provider at least once by 3 days after discharge.	allow her time to rest and recover. If she has pain in her nipples or worries about her milk supply, she can contact WIC, her health care provider, a lactation consultant the delivery hospital or other breastfeeding resources.
<b>Day 6 to 4 weeks</b>	Milk transitions from colostrum to transitional milk to mature milk. Changes will usually not be noticed by either the mother or baby, but these changes perfectly meet the baby's needs at this time. Setting aside six diapers every morning reassures her that her baby has taken enough milk if she has used them all up in 24 hours. At least two diapers should also have stool (see page IF-13). By day six the stool should be soft and thicker yellow looking or have a "cottage cheese" like look. At least two large stools (the size of the palm of the mother's hand) a day is normal.	It is normal for all infants to have irregular feeding and sleeping schedules. Breastfeeding babies feed frequently to meet their growth needs. Frequent feedings increase the mother's milk supply. The baby is learning to feed more efficiently and the mother's milk production is adjusting to the needs of the baby. Setting a feeding schedule or limiting feedings can decrease the baby's growth and reduce the mother's milk supply. Teach mothers to respond to their baby's cues and to enjoy their baby's communication skills. Reinforce that frequent, irregular feeding patterns are normal. Mothers need help anticipating and preparing for her baby's frequent feeding needs during this time. Mothers need to know that as breastfeeding infants grow they will breastfeed fewer times a day and night.	Mother may feel down one moment and frustrated the next. This is normal and often called "baby blues". She should expect to feel better in about two weeks. She should reach out for help and accept it. Family and friends can bring food for her, and help with the housework, but let the mother and the baby learn how to be with each other rather than taking the baby away. Mother's body will adjust to making the right amount of milk. If she is worried, she should call WIC and CPSP for help.
<b>First 4-6 weeks</b>	Most mothers never see their milk. If she expresses her milk, she may see that it looks bluish-white at the beginning of a feeding and creamy white towards the end. Milk may change color and flavor after the mother eats certain foods. This is normal and helps the baby get used to the family's diet.	The infant is more efficient at breastfeeding and may take less time on each breast. The infant has a larger stomach capacity and is able to take more milk. Feedings may be farther apart. At around 10 days, and 6 weeks, infants will breastfeed more frequently (called "growth spurts"). Breastfeeding is not just for food – it also meets many of the baby's needs, such as security, warmth and closeness. This is normal and will not lead to a "spoiled" baby.	The mother's breasts make the milk her baby needs, but not a lot more, so her breasts will be less hard unless she has delayed a feeding. Leaking usually slows down. She should not worry, as her milk will be there for her baby. Women can eat a variety of foods and still make good milk. To help her recover, she should eat a variety of foods when hungry, drink fluids when thirsty and rest whenever she can. If the mother is returning to work or school, she should be referred to local resources for pumps and information about Lactation Accommodation laws.

**Approximate Infant Stomach Sizes<sup>24</sup>**

1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	2 Weeks	3 Weeks
Cherry		Walnut		Ping Pong Ball		Chicken Egg		
								

**Note:** The graphics displayed in this table are not true to size. Please refer to the actual food items/objects to estimate sizes.

**Breast Milk Production and Supply**

Teens and mothers of any age may worry that they are not producing enough milk for their baby. It is important to remember that a newborn’s stomach is very small and does not hold that much milk at one time. The teaching tool above can be used to show approximate stomach sizes; however, the objects are not drawn to size. Because babies’ stomachs are so small, they require short, frequent feedings. This also helps establish a good milk supply in the mother.

During the first few weeks, mothers are often worried about how much milk they make. Babies should be alert and awake often and feeding frequently the first few weeks after birth. One way to feel reassured their baby is eating enough is to count the wet and dirty diapers produced. The chart shows the minimum number of wet and dirty diapers the infant should have the first week. Babies often wet and dirty the same diaper. Tip: caregivers should set aside 6 clean diapers every day, and make sure that 2 – 4 of them also are dirty.

**Supply and Demand**

The more often that milk is removed from the breast, the more milk the mother produces.

When nursing (or pumping) sessions are skipped, the mother’s body sends signals that the milk is not needed and milk production decreases. This is why it is important to feed or pump often.

This same principle applies with growth spurts. Babies “cluster feed” at this time “Placing the order for tomorrow’s milk production”. It is not that the mother is not making enough milk. Rather, the increase in milk removal stimulates milk production in the mother.

Age	Minimum Number of Wet Diapers	Minimum Number of Dirty Diapers
1 day old	1	1
2 days old	2	2
3 days old	3	2
4 days old	4	3
5 days old	5	3
6 days old	6	4
7 days old	6	4

Adapted from the California WIC Program<sup>25</sup>

AAP recommends that babies should be checked and weighed by their health care provider within 3 days after discharge and again at two weeks, and a breastfeeding evaluation should be done at that time.<sup>1,18</sup>

If the infant produces fewer wet or dirty diapers than what is listed in this table, the diapers remain dark after day 5 or the infant sleeps through feedings, refer to the infant’s primary healthcare provider.

The infant’s stool consistency will change during the first week of breastfeeding and that is normal. On days 1 and 2, it will be black, thick, and sticky. On days 3 and 4, it becomes greenish

to yellow and less thick. On day 5, it becomes mustard or yellow, seedy and watery. If the infant produces more diapers, this is not cause for concern.

However, mothers should never be made to feel they are wrong to ask for an infant or breastfeeding evaluation. They should be encouraged to “follow their gut” and ask for a medical evaluation if they are worried.

## Breastfeeding Positions

Helpful resources on breastfeeding positions are listed below:

- Page 14 of [Your Guide to Breastfeeding](#). Shows common positions used to hold an infant while breastfeeding
- Pages 2 and 3 of [WIC’s Guide to Breastfeeding](#)
- “Laid back breastfeeding” information at [www.biologicalnurturing.com](http://www.biologicalnurturing.com). Many mothers find that to start out, the best position is “laid back breastfeeding”
- “Laid back breastfeeding” section of La Leche League’s [Tear Sheet Toolkit](#)
- Ameda’s [Your Baby Knows How to Latch On](#) YouTube Video

[Many great hints, including information about Cue Feeding and normal infant behavior](#)

Refer to a lactation expert if there is pain or other problems.

## Infant Care

At times, parents can feel impatient and frustrated. When this happens, parents might handle a baby in a rough way without meaning to hurt them. Talk to teens about how normal it is to feel tired and frustrated once in a while. At the same time, they must keep in mind never to shake or allow others to handle her baby roughly.

Discuss ways to calm a baby by breastfeeding. Share that if the baby is not interested, rocking or patting slowly and rhythmically can calm the baby. It can take up to 20 minutes of using the same movement (think: “repetition to soothe” such as rocking, patting, etc.) to calm a baby down. Brainstorm with her what to do if her baby’s crying is getting difficult. Who can help her? Where can she place her baby that is safe?

Remind the mother to sleep when the infant sleeps, so that their sleeping schedules are in tune. Note that babies should always sleep on their backs (not their sides, not their stomachs) to reduce the risk of Sudden Infant Death Syndrome (SIDS). [More SIDS information](#)

The client can also ask for help from a partner, family member or close friend when she needs some time to herself.

## Infant Feeding Guide: Birth to Around 6 Months

### Breastfeeding

AAP recommends that infants be exclusively breastfed for the first six months of life.<sup>1,18</sup>

During this time, human milk has all the necessary factors for optimal growth and for protecting infants from germs that they have been exposed to as well as preventing the development of some illnesses later in life.

Exclusively breastfed infants should begin supplementation with 400 IU of vitamin D soon after birth. This should be discussed with a pediatrician as early as possible.<sup>26</sup>

For breastfeeding babies, pacifiers or artificial nipples are not recommended during the first month. Pacifiers can meet the infant's sucking needs without providing food. This will lead to fewer breastfeeding opportunities and less frequent emptying of the mother's breast, which may then make less milk.

If an exclusively breastfed baby develops allergies, breastfeeding can still be successful. The healthcare provider should be contacted, so that a plan can be developed to address the allergy (i.e. mother can eliminate one food from her diet). Rashes (eczema) and/or bloody stools are the most common symptoms.<sup>27</sup>

### Formula-Feeding

If the mother says that she plans to partially or exclusively formula-feed and will not change her mind, or if an infant is unable to be breastfed—and milk banks have been discussed—iron-fortified formula should be provided until one year of age, not regular cow's milk.

There are different types of formula—powder, liquid and ready-to-feed—and each is prepared differently. It is important to identify the type of formula and to prepare it correctly, according to instructions on the package. Adding too much water or not enough water can harm the baby.

More information on using formula safely is available from [WIC](#) and in Appendix C.

### Infant Care during Feeding

Breastfeeding or bottle-feeding, whether the bottle has infant formula or pumped breast milk, requires sensitivity to the baby's cues of hunger and fullness. As babies grow, they are awake more, but that does not mean they should be fed until they fall asleep – they may want to play, visit, take a walk, etc. Figure IF-3 describes how to help prevent overfeeding and other important strategies if a bottle is used.

#### Figure IF-3 Infant Feeding Strategies<sup>16</sup>

- Hold and cuddle the infant comfortably and securely during feeding. Make sure the head and neck are supported. Hold the head higher than the body
- Alternate sides so the baby looks towards the caregiver in both directions
- Provide skin-to-skin contact between caregiver and baby. Allow the infant to hear the caregiver's heartbeat by holding infant close to chest
- Feed according to an infant's hunger and satiety (fullness) cues such as lip smacking, sealing the lips together, slowed/decreased sucking, turning away, spitting nipple out/refusing nipple (whether bottle or breast) and increased distractibility
- Feed appropriate volume for age and avoid overfeeding by responding to the feeding cues
- If a bottle is used, **do not** prop the bottle in the infant's mouth or put the infant to bed with a bottle. Do not force the nipple into the infant's mouth
- When bottles are used, unclean water, bottles, nipples and rings is dangerous. Bottle components should be clean, regardless of whether formula or pumped milk is placed in the bottle. Easy-to-read directions for how to clean and prepare a bottle are available [here](#)

### Warning: Solid Foods

Solid foods and liquids--other than breast milk or infant formula--should not be given in the first six months of life. Doing so is potentially harmful and replaces the right food, breast milk, with less nourishing foods. By reducing breastfeeding, this can also reduce how much milk the mother makes.

## Infant Feeding Guide: Around 6 Months to 9 Months

AAP recommends breastfeeding for at least the first year of life. However, at 6 months or so, breast milk or formula alone do not meet all of the infant's nutritional needs and complementary foods are slowly and gradually introduced.<sup>1,18</sup>

### Introducing Complementary Foods

Complementary (solid) foods should be introduced when the infant meets the developmental milestones described in Figure IF-4; this is typically around six months of age but can vary.

#### Figure IF-4 **Developmental Readiness for Complementary Foods**<sup>16</sup>

The age at which an infant is developmentally ready for complementary (solid) foods varies, but is typically around six months of age.

##### **When to begin solids**

An infant is developmentally ready to begin complementary foods when he/she can do all of the following:

- Sit up with support
- Hold her head steady
- Put fingers or toys in her mouth
- Close her lips over a spoon
- Show that food is not wanted by turning her head
- Be able to keep food in her mouth and swallow it

##### **Beginning solids too early**

When an infant is fed too early, or before she is developmentally ready, she may choke on the food, consume too many calories, or develop food aversions. Feeding too early can also cause the infant to consume too little human milk or formula, which can lead to poor nutrition.

##### **Beginning solids too late**

However, feeding too late, or after the infant is developmentally ready, can negatively impact growth and intake of nutrients such as iron. Infants may not obtain the right variety and amounts of complementary foods, may reject age-appropriate foods and textures, may delay independent eating, and may resist mealtime routines.

If there is a family history of food allergy, the primary care provider should be contacted before introducing complementary foods. The child should be watched for allergies as new foods are introduced. See Figure IF-5 for more information.

### Fostering a Love of Healthy Foods

Healthy habits need to begin early in life--this includes enjoying healthy foods and not overfeeding/overeating.

When feeding, attention must be paid to hunger and fullness cues. Self-feeding helps children exercise control how much to eat and which healthy foods they would like to try. Feeding tips include:

- Introduce healthy foods gradually and in a positive, gentle manner to avoid “food battles”
- As the child cues interest in eating, offer foods. If she shows signs of being full, remove the food
- Provide opportunities to finger-feed and explore (“play with”) food. At first this is messy and may require a wash after mealtime. As children learn, it is less messy

See page IF-17 for more information.

### Introducing Cups

Learning to drink from a cup is important, since drinking from a bottle too long can lead to tooth decay, anemia, too much weight gain, and ear infections ([more information from WIC](#)). Tips for using a cup include:

- Give babies the opportunity to practice drinking from a cup by giving them water in a cup from around six months of age, when solid foods are introduced
- When traveling, use a small plastic cup with a lid and a hard spout, but other times it is best to teach the child to drink from a regular cup. Water can be used to reduce anxiety about spills. Some children also like cups with handles
- If baby insists on a bottle at bedtime, brush teeth and provide only water in the bottle

## Guide for Complementary Feeding

### **Breastfeed first when offering complementary foods to infants.**

Between approximately 6-12 months of age, breastfeed before serving solid foods, so that solid foods do not replace breast milk. After the baby is over 12 months of age, solids are offered first, followed by breastfeeding.

### **Introduce foods with new textures.**

Infants should be allowed to explore and learn about textures:

1. Smooth (strained or pureed)
2. Mashed (smooth with a few small lumps)
3. Chopped (more lumps)
4. Tiny pieces of food

Be sure that they can chew and swallow foods from one stage before moving to the next.

### **Introduce a variety of foods.**

Continue to offer foods that infants did not seem to like. As they get older, they may find they do like them. Below are healthy foods for infants:

- Baby cereals: rice, oatmeal, barley
- Meats: beef, chicken, turkey
- Vegetables: squash, peas, carrots, sweet potato
- Other foods: beans, egg yolk, tofu, cottage cheese, plain yogurt, rice, noodles

### **Try homemade foods, a healthier and inexpensive alternative.**

They can be prepared using a strainer, blender, or baby food grinder. Salt, sugar, fats, or gravy should not be added to baby foods. Canned foods for adults should not be given, as they contain large quantities of salt and/or sugar.

### **Feed according to infant cues.**

Infants should be fed according to cues that they are hungry or full, just as recommended for breastfeeding. Infants might open their mouths when they are hungry or turn away when full.

Feeding infants in response to cues prevents over-feeding, helps infants enjoy the healthy foods they are given, and teaches them to eat only when hungry. Infants should not be forced at certain times of the day or forced to complete the entire meal.

**Watch infants for food allergies.** See Figure IF-5 (for allergy in exclusively breastfeeding babies, see page IF-15).

### **Do not feed foods that have honey, even if cooked.**

Honey should not be offered for the first year of life, as it may lead to infant botulism, a life-threatening condition.

### **Handle food safely.**

Foods should be safe, age-appropriate and high in iron. See Figure IF-6 for food safety information.

### **Help infants have healthy teeth and gums.**

See Figure IF-7 for oral health information.

### **Do not share harmful bacteria.**

Adults have bacteria in their mouths that can cause disease and cavities. Avoid sharing spoons or food that others have had in their mouth.

### **Give only breast milk or formula in a bottle.**

Sugary drinks, such as juice or soda, or solid foods should never be placed in a bottle.

### **Do not feed juice or soda.**

Avoid juice during the first year of life. Juice fills the infant's stomach, replacing other foods. If juices are given, it should be 100% juice, given in a cup, limited to 2 ounces per day, and diluted in equal parts with water. Do not give sweet drinks such as soda, as it can lead to cavities.

### **Make feeding time a happy time.**

Feeding infants with other family members at the table makes eating enjoyable for the infant, as well as the entire family. Infants also enjoy eating with their hands, so wait until the meal is over for a "clean up."

**Figure IF-5 Food Allergy<sup>28</sup>**

When foods are introduced, give the baby one food at a time (not mixed with other foods) so you can tell which food is making the baby sick. Wait a few days before trying another new item to watch for any problems with the new food.

Signs of food allergy might include rashes, hives, diarrhea, stomachaches, vomiting, and difficulty breathing. If an allergy is suspected, a health care provider should be contacted immediately.

Foods that infants are more likely to be allergic to are:

- Cow's milk
- Soy milk or tofu
- Egg whites
- Fish or other seafood
- Wheat
- Nuts
- Corn
- Foods that cause problems to other family members (father, mother, grandparents). Tell the healthcare provider about this, as these foods may need to be avoided

**Figure IF-6 Food Safety<sup>28</sup>**

**Be clean.** To avoid illness, hands should be washed before preparing or handling food. Wash surfaces used for preparing food, bottles, bottle nipples, and foods used to make baby food.

**Read labels.** If infant formula is used, directions on the container should be followed. Adding too much water or formula can be harmful. Formula or other foods should not be used after their expiration date.

**Avoid burns.** Milk should never be heated in a microwave. Place the bottle in hot water. Test the milk (on his/her inner arm) before giving it to the baby.

**Refrigerate promptly.** Milk and other foods should be refrigerated to keep food from spoiling. Recently pumped human milk lasts 5 days in the refrigerator, but formula only lasts 24 hours. Breast milk can also be frozen. When feeding with a bottle, throw away any leftover milk that the baby does not drink—do not refrigerate for later use, as it could make the baby sick.

**Cook food thoroughly.** If a food requires cooking, make sure it is cooked thoroughly and reaches appropriate temperatures.

[More information on food safety](#)

**Do not cross-contaminate.** Cooked foods should never be placed on a surface (plate, bowl, cutting board, etc.) that previously held raw meat or eggs, unless that surface has been thoroughly washed.

**The following should not be given to infants:**

- Items that can cause choking, such as hot dogs, nuts, seeds, popcorn, chips, grapes, raisins, raw vegetables, peanut butter, and candy
- Honey should not be offered for the first year of life, as it may lead to infant botulism, a life-threatening condition
- Adult canned foods should not be given
- If there is news of a food outbreak, that food should also be avoided
- Items to which there is allergy

**Figure IF-7 Oral Health<sup>29</sup>**

Early Childhood Caries (ECC), or tooth decay in infants and children, is a widespread public health problem. Fortunately, it is often preventable. Parents and family members can prevent ECCs by doing the following:

1. Cleaning their own teeth because harmful bacteria are often transmitted from the caregiver to the child.
2. Not sharing utensils with children, pre-chewing the child's food, or cleaning pacifiers with their mouths.
3. Cleaning infant's or child's teeth twice daily once a tooth develops.
4.
  - For children less than two years of age, a 'smear' of fluoridated toothpaste should be used
  - Teeth should be flossed when a toothbrush cannot reach all tooth surfaces
5. Making sure the child visits a dentist by one year of age.
6. Having good feeding practices:
  - Infants should not sleep with a bottle, unless it has water. Even milk contains sugars that can cause caries!
  - Children should not carry around a bottle. They should not carry around a no-spill training cup if it contains a sugary drink, such as juice. These bathe the mouth in sugar, providing the perfect environment for bacteria for bacteria to grow
  - Infants should start drinking from a cup as they approach their first birthday
  - Between-meal snacking and excessive exposure to sugary food and drinks—such as juice—should be avoided. Remember: juice is not needed in the first year of life!

## Infant Feeding Guide: 9 Months - 12 Months

### Finger Foods

Breastfeeding continues to be the primary food at this age, but children will also be more skilled at eating finger foods themselves, and some will be learning to use a spoon.

Sample finger foods are small pieces of peeled soft fruits and soft cooked vegetables, small pieces of well-cooked ground meat, small pieces of dry cereal, toasted bread squares, unsalted crackers, teething biscuits, small pieces of soft tortilla, small slices of cheese and cut-up noodles.

These foods should continue to be provided as part of the family meal, allowing the child to decide the amounts and types of food to eat. Most babies will choose to eat one or two foods for a few days, such as chicken and avocados, then choose to eat carrots and beans. It is not necessary to worry about eating a balanced diet during each meal, but rather that a variety of foods are eaten in a few days or weeks.

### Continued Cup Use

The infant should continue to practice using a cup. Cutting down on the number of bottles given each day and providing cups instead is one method. By one year of age, most infants should only drink from the breast or a cup, not from a bottle. Cups should be provided only during meals and snacks and should contain breast milk, formula, or water. If bottles are provided at bedtime, they should only hold water, to avoid early childhood caries.

### Continued Breastfeeding

The longer that breastfeeding continues, the better outcomes are for both infant and mother. There is no evidence of harm for breastfeeding past three years of age.<sup>1</sup>

From 12 months on, mother will first offer foods and then provide opportunities to breastfeed after the meals and at bedtime. It is very normal for children to continue to breastfeed past one year of age. In this way, mother will continue to provide her baby with protection against

infections, as they are now more exposed to the illnesses carried by other children and adults. If the mother is working or going to school, she will probably no longer need to pump, but will just breastfeed when she is at home or on weekends. She will slowly make less and less milk, but it changes and will have more antibodies, so that she can continue to protect her child from illnesses. If her child does get sick, she can also increase her milk production to help him recover more quickly.

### **Cow's Milk**

Some mothers would like their children to begin to drink regular cow's milk. It can now replace formula for the infant at one year of age.<sup>1</sup>

## **Weaning**

Weaning occurs when breast milk is substituted with other foods or sources of milk, such as iron-fortified formula. In the U.S., women and teens often wean very early, so breastfeeding does not occur as long as is recommended. Since health outcomes keep improving the longer that breastfeeding continues, early weaning is not recommended.

When an adolescent says she wants to wean, health professionals should ask why. She may be planning to wean not because she wanted to, but because other people advised it. For example, a boyfriend may have been jealous of her relationship with the baby. Sometimes misinformation occurs, such as “the baby will get spoiled,” or “someone said my milk has gone bad.” These kinds of challenges can be worked through and early weaning may be avoided.

If the client is having a hard time breastfeeding and going to school, she may find it difficult to pump milk at school.

Breastfeeding does not have to be all or nothing. Rather than switching completely to formula, the mother can have her baby fed formula when she is away and breastfeed when they are together. This is better than stopping completely, as her baby will benefit from getting her milk.

If the client reports being pressured to wean, refer her to a lactation expert for help.

If the client is determined to wean, she should be helped to do it gradually, to avoid risking pain or breast infections. She should also be encouraged to replace feeding time with holding, cuddling and being with her baby – she is weaning from breastfeeding, but not from mothering. This is important for the psychological well-being of their relationship.

Sometimes mothers are sorry that they weaned. Often it is possible to return to breastfeeding. If the client is interested in re-lactation or transitioning into exclusive breastfeeding, refer her to a lactation expert.

# Breastfeeding Screening Tree for Case Managers

## Client is Pregnant

•Discuss breastfeeding and provide introductory information.  
 •Is she considering breastfeeding?

No / Yes

•Discuss personal barriers to breastfeeding or what she may have heard or experienced.  
 •Provide accurate information, seeking advice from a professional when necessary. See [My Breastfeeding Resources](#).  
 •Provide tips to overcome the barriers mentioned. See [Tips for Addressing Breastfeeding Concerns: A Guide for Case Managers](#)  
 •Have her identify solutions for overcoming barriers.  
 •Is she willing to try exclusive breastfeeding?

•Discuss breastfeeding duration, exclusivity, vitamin D supplementation, pacifier use, laws, pumping and going back to school, who she can contact for professional help and informal support, and other challenges, as well as strategies to overcome them.  
 •Talk about previous breast surgery, cancer, or use of any medications and make appropriate referrals.  
 •Help her make a [birth plan](#) to give to the hospital. Encourage her to talk to friends and family to support her decision and help her be successful.  
 •Encourage her to learn more about breastfeeding by reading, attending breastfeeding groups, such as La Leche League, and talking to mothers who have breastfed.

•Provide information on combination/mixed feeding.  
 •Is she willing to try combination feeding?

Discuss formula feeding.

## Client is Breastfeeding

Infant is younger than 6 months

•Discuss how breastfeeding is going and ask about any concerns, e.g., latching, positioning, or shyness when feeding.  
 •For latching/positioning concerns, refer to a lactation expert. Provide tips for other concerns.  
 •Remind her that the baby needs to be supplemented with vitamin D soon after birth.  
 •She should feed 8-12 times per day for the first four months and 6-8 times per day from four to six months.  
 •Encourage feeding on cue.  
 •Remind her to count diapers and refer to a physician if too few dirty and wet diapers are produced.  
 •Artificial nipples and pacifiers can be used after the first month.  
 •Help her get a breast pump if she has to return to school/work and provide information on its use.  
 •Remind her that breast milk is the only food or drink an infant needs in the first 6 months. Around 6 months, baby foods that are high in iron should be given, e.g., meat, chicken, beans and WIC cereals.

Infant is 6 months or older

•Discuss how breastfeeding is going and ask about any concerns, such as pumping.  
 •Remind her to start feeding complementary foods containing iron once the child shows all signs of being ready.  
 •Encourage feeding the infant a varied diet with different textures.  
 •Encourage her to use good food safety and oral health practices.  
 •Breastfeeding should continue for the first year or longer as mutually desired by mother and infant. Breastfeeding longer provides greater benefits to mother and infant.  
 •Remind her that regular cow's milk should not be given in the first year of life.

Is she weaning or planning to wean?

No

Provide positive reinforcement for breastfeeding!

Yes

•Ask her why she is planning to wean, helping to clear any misconceptions about breastfeeding. If she is weaning before six months, refer her to her primary health care provider.  
 •Help overcome challenges to breastfeeding by providing information, tips, support and referring to WIC or other lactation expert.

## Postpartum Client is Not Breastfeeding

•Focus on pregnancy prevention.  
 •Answer any questions she may have about breastfeeding or general infant feeding infant feeding.  
 •Let her know that breastfeeding can resume after stopping. If interested in re-lactating, she should talk to a lactation expert.

## Interventions

The interventions and resources described below are geared toward breastfeeding promotion and support. An expanded list, which includes links to other infant feeding resources, is on page IF-26.

### Promote breastfeeding as normal infant feeding.

- Use the [WIC Lego Chart](#) to illustrate the difference between the contents of breast milk and formula (also available in [Spanish](#)). If possible, provide a concrete example by physically counting out the differences using real Legos or blocks
- Use resources tailored to the client's needs, for example, resources for [Hispanic](#) or [African-American](#) families may be needed

### Openly and non-judgmentally discuss the client's thoughts about breastfeeding. Talk about her specific challenges and help her to address them.

- Review the handout, [Breastfeeding: Common Questions and Answers](#), with the client. Ask her about any questions or myths that she may have heard and discuss them with her
- Review the handout, [Nutrition & Breastfeeding: Common Questions and Answers](#), with the client to answer common questions about nutrition, illness, and drug use while breastfeeding
- Case managers can use [Tips for Addressing Breastfeeding Concerns: A Guide for Case Managers](#) as a reference for providing suggestions/tips to address specific breastfeeding barriers

### Help the client prepare for and sustain breastfeeding.

- Review [My Action Plan for Breastfeeding](#). Help the client identify and check off which items she is willing to try
- Help the client complete a [Birth Plan](#) to provide to her health care provider. Birth Plans are available in [English](#) and in [Spanish](#)
- Help the client fill out [My Breastfeeding Resources](#), so that she will have a list of resources for if and when the need arises. Discuss the different kinds of support available in her community, including support from friends and family
- To identify nutrition needs for a client who is breastfeeding, visit the USDA's [SuperTracker website](#) and enter in the client's information. Share the resources available in the *Adolescent Nutrition* guideline, including the handouts, [MyPlate for Moms/My Nutrition Plan for Moms](#) and [Nutrition & Breastfeeding: Common Questions and Answers](#)
- Provide the handout, [Breastfeeding Checklist for My Baby and Me](#), to the client before she gives birth. This handout lists signs that breastfeeding is or is not going well in the early days after childbirth. If breastfeeding is not going well, the client should ask for help quickly, so that problems can be addressed and breastfeeding can ensue

## Tips for Addressing Breastfeeding Concerns: A Guide for Case Managers

To correct misinformation, staff should share consistent and accurate breastfeeding information.

Breastfeeding Concern	Suggested Response/Tips
<b>Lacks information</b>	<ul style="list-style-type: none"> <li>• Ask the client what she knows and would like to know about breastfeeding. Early on, discuss breastfeeding as the normal choice for feeding babies and the risks of not breastfeeding for mothers, babies, children, families, and communities</li> <li>• Discuss breastfeeding each trimester using the <i>Infant Feeding</i> guideline and offer counseling and handouts based on the client's questions and concerns</li> <li>• Explain breast pumps and talk to her about getting one from WIC, a hospital or elsewhere</li> <li>• Tell the client that professional breastfeeding support is available after delivery. See the <a href="#">My Breastfeeding Resources</a> handout for support</li> </ul>
<b>Fears she does not have enough milk</b>	<ul style="list-style-type: none"> <li>• Women of all ages make breast milk that is similar in quality</li> <li>• Newborns only need a small amount of milk because their stomachs are so small. See the stomach size graphic in the breastfeeding chapter</li> <li>• It is normal for infants to wake up and feed multiple times throughout the day and night because of their small stomach and their rapid growth</li> <li>• Making breast milk does not depend on breast size. Feeding often and not using pacifiers and other nipples in the first month helps produce enough breast milk</li> <li>• One way to keep track of milk production is to count the number of wet and dirty diapers. Show the client the handout, <a href="#">What to Expect in the First Week of Breastfeeding</a>. Some weight loss is normal in the first week. See the "Referrals" section for when to refer to a health care provider</li> </ul>
<b>Experiences pain or has trouble latching on or positioning</b>	<ul style="list-style-type: none"> <li>• If done correctly, breastfeeding should not hurt, but may cause some tenderness at first</li> <li>• Pain can be a sign of incorrect latching or positioning at the breast</li> <li>• See the <a href="#">My Breastfeeding Resources</a> handout to contact a lactation expert if there is pain or difficulty latching and positioning</li> </ul>
<b>Believes baby prefers formula</b>	<ul style="list-style-type: none"> <li>• Breast milk is preferred because it is much healthier than formula, provides skin-to-skin contact, and is digested more easily than formula</li> <li>• Babies do not prefer the taste of formula; they may prefer that bottled milk flows out quickly</li> <li>• If a bottle must be used to feed a baby, it is best to choose a nipple that does not pour the milk out fast and is about the size of the mother's own nipple. Feeding should follow the baby's cues of hunger and fullness</li> <li>• If the client is making little milk, the baby will look for a source of food. Refer as this may be a sign she is not making enough milk</li> </ul>
<b>Believes giving formula is easier than breastfeeding</b>	<p>Breastfeeding may seem harder than providing formula at first. At about six weeks, many mothers report that breastfeeding is easier, less work, and cheaper than formula-feeding.</p> <ul style="list-style-type: none"> <li>• Breastfeeding does not require warming, setting up, or bottle cleaning</li> <li>• All babies need to be held during feedings. Propping bottles is not safe</li> <li>• The client can return to work or school and use a pump to express milk for her baby while they are separated. Breast pumps are available from WIC or can be rented if the mother is not eligible for WIC</li> <li>• Mothers who breastfeed do not need to carry bottles, clean water, or formula with them when they travel. They do not have to prepare bottles at night</li> <li>• Mothers who breastfeed can save money on formula costs and can get extra free food for them from WIC and stay on WIC up to one year</li> <li>• Breastfed babies are healthier than formula-fed babies. This means fewer doctor visits, trips to the hospital, missed work days, and better lifelong health</li> <li>• The use of formula requires special care. Making a mistake mixing and storing</li> </ul>

	<p>formula can make babies sick. Formulas have been recalled in the past due to production errors that could harm babies</p> <ul style="list-style-type: none"> <li>• In emergency situations, breast milk is the safest food for a child</li> </ul>
<b>Is embarrassed to breastfeed in public</b>	<p>Validate the client's feelings that many mothers feel embarrassed to breastfeed in public. Reassure her that it gets easier with practice. Tell her that women have a legal right to breastfeed in any public place. Show pictures of women breastfeeding discretely. The client can:</p> <ul style="list-style-type: none"> <li>• Practice breastfeeding discretely in front of a mirror to find a technique that works for her</li> <li>• Breastfeed before leaving and right after coming home from short trips.</li> <li>• Watch baby cues and breastfeed before the baby becomes fussy. It is easier to feed a baby that is calm and not crying</li> <li>• Breastfeed in the car, a dressing room, or in a women's lounge area</li> <li>• Wear clothes that cover well, such as shirts that pull up from the waist or can be unbuttoned from the bottom. Use a shawl or baby blanket</li> <li>• If the client is still uncomfortable, recommended pumping breast milk at home and using a bottle with expressed milk in public</li> </ul>
<b>Is scared her body will change</b>	<ul style="list-style-type: none"> <li>• Breasts change due to pregnancy, not breastfeeding. Sagging may occur over time and is caused by many factors: genetics, pregnancy, aging, and gravity</li> <li>• Breasts may become slightly larger when breastfeeding because they are producing milk, but this change is usually temporary</li> <li>• Breastfeeding may help the client return to pre-pregnancy weight faster than if she formula feeds</li> </ul>
<b>Has to return to work or school</b>	<p>Let the client know that she can breastfeed and return to work or school. Encourage her to discuss her plans with her employer or school as early as possible. Are her employers aware of breastfeeding and pumping at work laws? Provide tips for breastfeeding and returning to work or school.</p> <p>The client can:</p> <ul style="list-style-type: none"> <li>• Breastfeed her baby at work/school if child care is close by</li> <li>• Express breast milk by regularly pumping during breaks at work or school.</li> <li>• Discuss laws that support pumping milk at work</li> <li>• Provide bottles of expressed milk a few weeks before returning to work or school to prepare baby for the bottle</li> <li>• Store expressed milk in a cooler or refrigerator for immediate use or freeze breast milk for use at a later time</li> <li>• Feed both breast milk and infant formula. Breastfeeding is the best option, but breast milk in a bottle is better than not giving breast milk</li> </ul>
<b>Does not want to follow a diet</b>	<ul style="list-style-type: none"> <li>• No special diet is necessary. Nutrition while breastfeeding is similar to nutrition in pregnancy. Even if the mother eats junk food, her breast milk is better than formula</li> <li>• A healthy diet is important for the mother's health and postpartum weight loss</li> <li>• Some mothers fear they must stop eating their favorite food or spices but that is not needed. Most babies like the different flavors of mother's diet and it may help them accept a greater food variety later in life</li> <li>• Refer to the handout, <a href="#">Nutrition &amp; Breastfeeding: Common Questions and Answers</a>, for answers to specific questions the client may ask</li> </ul>
<b>Wants other family or partner to feed the baby so they are involved</b>	<p>Fathers and family are an important part of the baby's life. They can:</p> <ul style="list-style-type: none"> <li>• Tell stories or read to the child to help the baby's development</li> <li>• Hold the baby and play games, such peek-a-boo and pat-a-cake</li> <li>• Feed expressed breast milk in a bottle and feed other foods once the baby is six months of age</li> </ul>
<b>Lack of role models who support breastfeeding</b>	<ul style="list-style-type: none"> <li>• Ask the client what she is hearing about breastfeeding from those closest to her. Help her identify any misinformation or challenges</li> <li>• Help her name role models who have successfully breastfed and are in similar circumstances (e.g. returned to work or school)</li> </ul>

	<ul style="list-style-type: none"> <li>• Talk to her about professional, friend, and family support after delivery</li> <li>• Help her list those she will call for help and encouragement</li> <li>• Encourage the client to discuss breastfeeding with her partner, her mother, family and friends, and others important to her</li> <li>• Encourage her to attend a mother’s support group at WIC, La Leche League, or others. She can invite her support team to go with her</li> </ul>
<b>Does not want to be solely responsible for feeding the baby or fears loss of freedom</b>	<ul style="list-style-type: none"> <li>• Many mothers like the fact that their baby knows it is mom who feeds them, even if others share in the care of the baby</li> <li>• Breastfeeding can help her feel more “free” because she will not have to deal with formula and cleaning bottles</li> <li>• Assure the client breastfeeding gets faster and less frequent and the mother will have more time between feedings</li> <li>• Acknowledge that many times mothers may feel pressured to “get away” from the baby. Not all mothers want or need to “get away” for a break. It is normal to not want to leave your baby</li> <li>• If mothers do desire time away from their baby they can ask friends for help with childcare and household chores. If she needs a day off, she can express her breast milk and have someone else feed her baby</li> </ul>
<b>Is not confident in her ability to breastfeed</b>	<ul style="list-style-type: none"> <li>• Tell the client that most women can breastfeed their babies and that you are here to help her. Validate her concerns and fears and tell her many women are not sure they can breastfeed and with practice she will become more confident</li> <li>• Ask the client how she feels about her ability to breastfeed her baby and help her plan and prepare for breastfeeding. Use the handout, <a href="#">My Breastfeeding Resources</a>, to discuss available resources</li> <li>• Ask the client if she would like the help of a breastfeeding peer mentor (if available in your area); provide referrals to breastfeeding classes and consultation</li> <li>• Let the health care provider know if she lacks breastfeeding confidence</li> <li>• Help the client prepare to breastfeed. She can talk to her doctor about pre-existing medical conditions and medications she takes. She can share her plans to breastfeed with her employer, school, and doctor</li> <li>• Help her complete a <a href="#">birth plan</a> to share with her health care provider and delivery hospital</li> <li>• She can talk to friends and family members about her decision to breastfeed. She can get support from case managers, peer counselors, WIC, or mothers in support groups like La Leche League</li> <li>• Let her know that breastfeeding might be hard at first but that she has support to meet and overcome any challenges. Review Table IF-3 (What to Expect while Breastfeeding: Birth to Six Weeks) and discuss the handout, <a href="#">My Action Plan for Breastfeeding</a></li> </ul>

## Additional Resources/Web Links Referenced

Many free breastfeeding resources are available. Select resources based on the client's needs. Certain handouts, such as the WIC "Feed me!" handouts will be useful for all clients.

Title	Resource Type	URL
<b>Resources hyperlinked in <i>Infant Feeding</i>, in order of presentation, where first referenced</b>		
<b>About WIC and How to Apply</b>	Webpage - Resources	<a href="http://www.cdph.ca.gov/programs/wicworks/Pages/AboutWICandHowtoApply.aspx">www.cdph.ca.gov/programs/wicworks/Pages/AboutWICandHowtoApply.aspx</a>
<b>WIC Breastfeeding Benefits</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-PantryForMomAndBabyComparisonSheetsForIndividualEd.pdf">www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-PantryForMomAndBabyComparisonSheetsForIndividualEd.pdf</a>
<b>Emergencies and Breastfeeding</b>	Webpage - Resources	<a href="http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/EmergencyPreparednessInfantandYoungChildCareandFeeding.aspx">www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/EmergencyPreparednessInfantandYoungChildCareandFeeding.aspx</a>
<b>California Breastfeeding Laws</b>	Webpage - Resources	<a href="http://www.cdph.ca.gov/HEALTHINFO/HEALTHYLIVING/CHILDFAMILY/Pages/CaliforniaLawsRelatedtoBreastfeeding.aspx">www.cdph.ca.gov/HEALTHINFO/HEALTHYLIVING/CHILDFAMILY/Pages/CaliforniaLawsRelatedtoBreastfeeding.aspx</a>
<b>International Lactation Consultant Association</b>	Interactive tool – search for a lactation consultant	<a href="http://www.ilca.org">www.ilca.org</a>
<b>My Birth Plan – English</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyBirthplan-English.pdf">www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyBirthplan-English.pdf</a>
<b>My Birth Plan – Spanish</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyBirthplan-Spanish.pdf">www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyBirthplan-Spanish.pdf</a>
<b>Work Laws to Support Nurturing Children</b>	Document (PDF)	<a href="http://workfamilyca.org/resources/pdf/KeyLawPoster_ENG.pdf">http://workfamilyca.org/resources/pdf/KeyLawPoster_ENG.pdf</a>
<b>Resources for Breastfeeding and Going Back to Work or School</b>	Webpage - Resources	<a href="http://www.breastfeedingworks.org/resources">www.breastfeedingworks.org/resources</a>
<b>La Leche League Mother-Mother Support Groups</b>	Webpage—Interactive Tool	<a href="http://www.llli.org/webus.html">www.llli.org/webus.html</a>
<b>WIC Locator</b>	Webpage—Interactive Tool	<a href="http://www.apps.cdph.ca.gov/wic/resources/laSearch/search.asp">www.apps.cdph.ca.gov/wic/resources/laSearch/search.asp</a>
<b>Lactation Expert Locator</b>	Webpage—Interactive Tool	<a href="http://www.ilca.org/i4a/pages/index.cfm?pageid=3432">www.ilca.org/i4a/pages/index.cfm?pageid=3432</a>
<b>Examples of Anticipatory Guidance and Questions for Breastfeeding</b>	Webpage - Resources	<a href="http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BFP-MdlHospToolkitPolicy10.aspx">www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BFP-MdlHospToolkitPolicy10.aspx</a>
<b>Maternal Illness and Breastfeeding</b>	Webpage - Resources	<a href="http://www.llli.org/NB/NBmaternalillness.html">www.llli.org/NB/NBmaternalillness.html</a>
<b>Infant Illness and Breastfeeding</b>	Webpage - Resources	<a href="http://www.llli.org/NB/NBinfantillness.html">www.llli.org/NB/NBinfantillness.html</a>
<b>Birth Control and Breastfeeding</b>	Webpage - Resources	<a href="http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/FamilyPlanningandContraceptionDuringBreastfeeding.aspx">www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/FamilyPlanningandContraceptionDuringBreastfeeding.aspx</a>
<b>Your Guide to Breastfeeding</b> (in English, Spanish and	Webpage - Resources	<a href="http://www.womenshealth.gov/pub/bf.cfm">www.womenshealth.gov/pub/bf.cfm</a>

Chinese and tailored versions for African-American and American Indian/Alaska Native women)		
<b>WIC's Guide to Breastfeeding</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-AWICGuideToBreastfeeding.pdf">www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-AWICGuideToBreastfeeding.pdf</a>
<b>Laid Back Breastfeeding</b>	Website	<a href="http://www.biologicalnurturing.com/">www.biologicalnurturing.com/</a>
<b>La Leche League Tear-Sheet Toolkit</b>	Document (PDF)	<a href="http://www.llli.org/docs/0000000000000001WAB/laleche_ch_20_tear-sheet_toolkit.pdf">http://www.llli.org/docs/0000000000000001WAB/laleche_ch_20_tear-sheet_toolkit.pdf</a>
<b>Video: "Your Baby Knows How to Latch On"</b>	Video	<a href="http://www.youtube.com/watch?v=6Hdhiii573A">www.youtube.com/watch?v=6Hdhiii573A</a>
<b>Cue Feeding and Normal Infant Behavior</b>	Website	<a href="http://www.secretsofbabybehavior.com/">www.secretsofbabybehavior.com/</a>
<b>Handout about Formula Preparation Safety</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-WhenYouFeedMeFormula.pdf">http://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-WhenYouFeedMeFormula.pdf</a>
<b>Handout about Cup Use</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-TimeForACup.pdf">www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-TimeForACup.pdf</a>
<b>Handout about Food Safety</b>	Document (PDF)	<a href="http://www.nal.usda.gov/wicworks/Sharing_Center/MO/Fight_BAC.pdf">www.nal.usda.gov/wicworks/Sharing_Center/MO/Fight_BAC.pdf</a>
<b>WIC Lego Chart - English</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-HowDoesForWAFBF-Eng.pdf">www.cdph.ca.gov/programs/breastfeeding/Documents/MO-HowDoesForWAFBF-Eng.pdf</a>
<b>WIC Lego Chart - Spanish</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-HowDoesForWAFBF-Sp.pdf">www.cdph.ca.gov/programs/breastfeeding/Documents/MO-HowDoesForWAFBF-Sp.pdf</a>
<b>Breastfeeding Resources for Hispanic Families</b>	Webpage - Resources	<a href="http://www.nal.usda.gov/wicworks/Learning_Center/support_bond.html">www.nal.usda.gov/wicworks/Learning_Center/support_bond.html</a>
<b>Breastfeeding Resources for African-American families</b>	Webpage - Resources	<a href="http://www.dshs.state.tx.us/wichd/bf/african_americanbf.shtm#Resources">www.dshs.state.tx.us/wichd/bf/african_americanbf.shtm#Resources</a>
<b>Breastfeeding: Common Questions and Answers</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-BreastfeedingQA.pdf">www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-BreastfeedingQA.pdf</a>
<b>Nutrition &amp; Breastfeeding: Common Questions and Answers</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-NutritionBreastfeedingQA.pdf">www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-NutritionBreastfeedingQA.pdf</a>
<b>My Action Plan for Breastfeeding</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyActionPlanforBreastfeeding.pdf">www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyActionPlanforBreastfeeding.pdf</a>
<b>My Breastfeeding Resources</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyBFResources.pdf">www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-MyBFResources.pdf</a>
<b>SuperTracker</b>	Webpage – Interactive Tool	<a href="http://www.choosemyplate.gov/SuperTracker/createprofile.aspx">www.choosemyplate.gov/SuperTracker/createprofile.aspx</a>
<b>Breastfeeding Checklist for My Baby and Me</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-BFChecklistforMyBabyandMe.pdf">www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Documents/MO-NUPA-BFChecklistforMyBabyandMe.pdf</a>
<b>Additional Resources</b>		
<b>WIC Educational Resources – Women</b> Includes breastfeeding and pregnancy; multiple	Webpage - Resources	<a href="http://www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx">www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsWomen.aspx</a>

languages available		
<b>WIC Educational Resources – Infants</b> Includes baby food (WIC: Feed me! handouts), breastfeeding and infant crying and sleeping; multiple languages available	Webpage - Resources	<a href="http://www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsInfants.aspx">www.cdph.ca.gov/programs/wicworks/Pages/WICEducationMaterialsInfants.aspx</a>
<b>Getting to Know Your Baby – Birth to Six Months</b>	Document (PDF)	<a href="http://www.cdph.ca.gov/programs/wicworks/Documents/BabyBehavior/WIC-BB-GettingToKnowYourBabyBooklet.pdf">www.cdph.ca.gov/programs/wicworks/Documents/BabyBehavior/WIC-BB-GettingToKnowYourBabyBooklet.pdf</a>
<b>Handout on Milk Production</b>	Document (PDF)	<a href="http://www.ameda.com/sites/default/files/26401020_1010%20MakeMilk%20EN_4c.pdf">www.ameda.com/sites/default/files/26401020_1010%20MakeMilk%20EN_4c.pdf</a>
<b>Handout on Latching and Positioning</b>	Document (PDF)	<a href="http://www.ameda.com/sites/default/files/26401022_1010%20HelpTakeBrst%20EN_4c.pdf">www.ameda.com/sites/default/files/26401022_1010%20HelpTakeBrst%20EN_4c.pdf</a>
<b>Website with Inspirational Breastfeeding Stories</b>	Document (PDF)	<a href="http://www.breastfeedforall.org/index.html">www.breastfeedforall.org/index.html</a>
<b>Breast Milk Counts - Website for Women with Interactive Tools</b>	Website with Interactive Tools	<a href="http://www.breastmilkcounts.com">www.breastmilkcounts.com</a>
<b>WIC Breastfeeding Peer Counselor Training Manual</b>	Webpage - Resources	<a href="http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFPeerCounselor.aspx">www.cdph.ca.gov/programs/wicworks/Pages/WICBFPeerCounselor.aspx</a>
<b>La Leche League International – Information and Support Groups</b>	Website	<a href="http://www.llli.org/">http://www.llli.org/</a> <a href="http://www.llli.org/resources.html">http://www.llli.org/resources.html</a>
<b>California Food Guide Life Cycle: Normal Infant Feeding</b>	Document (PDF)	<a href="http://www.dhcs.ca.gov/dataandstats/reports/Documents/CaliforniaFoodGuide/9InfantFeeding0-12months.pdf">www.dhcs.ca.gov/dataandstats/reports/Documents/CaliforniaFoodGuide/9InfantFeeding0-12months.pdf</a>
<b>California Department of Public Health Breastfeeding Website</b>	Website	<a href="http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BreastfeedingandHealthyLiving.aspx">www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BreastfeedingandHealthyLiving.aspx</a>

## Referrals<sup>14</sup>

**Note:** This list is not exhaustive.

Refer the client to **her primary health care provider** if...

- The client has had breast surgery or injury and wants to breastfeed
- The client has a medical condition and wants to breastfeed
- The client uses medication and wants to breastfeed
- The client has red bumps on her breasts
- The client has breast pain that lasted more than 72 hours
- The client wants to use breast milk bank

Refer the client to **her infant's primary health care provider** if...

- The infant is breastfed and has not been given vitamin D supplements.
- The infant does not produce enough wet and/or dirty diapers (see page IF-13)
- The infant has any of the following symptoms:
  - A dry mouth
  - Red-colored urine
  - Yellow-skin, a symptom of jaundice
  - Not have enough wet or dirty diapers
  - Does not wake up and eat at least 8 times in 24 hours
  - The baby loses more than 10% of his/her body weight or the infant's weight does not return to original birth weight by ten days
- The infant is ill
- The infant has an allergic reaction

Refer the client to a **registered dietitian** if...

- If the client is concerned about feeding the infant certain food items
- If the client is vegan or if the client has a nutritional deficiency

Refer the client to a **lactation expert/lactation consultant** if...

- The client has flat or inverted nipples and wants to breastfeed

- The client has had breast surgery or injury and wants to breastfeed
- The client experiences pain while breastfeeding, or engorgement lasting longer than 24 hours
- The client and her baby are having trouble with latching and positioning
- The client does not hear swallowing sounds by the time the infant is 48 hours of age
- The infant refuses to breastfeed for more than 24 hours, or if the infant is too sleepy to breastfeed
- The infant breastfeeds for longer than one hour after milk supply is established
- The infant appears hungry after breastfeeding
- The client stopped breastfeeding, but wants to start again
- The client is using herbal remedies
- The client's health care provider instructed her to stop breastfeeding and she does not want to stop

## Follow-Up

Review the [action plan](#) with the client to determine if she achieved her goal(s) for behavior change.

**If the client did not make any changes**, talk with her about what prevented her from doing so. Validate her feelings. Work with her to identify strategies for removing any barriers.

**If the client made changes but still falls short of achieving her goals**, praise her for the changes that she made. Work with her to revise her action plan (change or add goals).

**If the client has made changes and achieved her goal**, praise for the changes that she made. Help her develop a new action plan for maintaining the new behavior.

## References

1. AAP Section on Breastfeeding. Breastfeeding and the Use of Human Milk. *PEDIATRICS*. February 2005;115(2):496-503.
2. McGuire S. U.S. Dept. of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. U.S. Dept. of Health and Human Services, Office of the Surgeon General. 2011. *Adv Nutr*. Nov 2011;2(6):523-524.
3. American Academy of Pediatrics. Families. *Breastfeeding Initiatives* <http://www2.aap.org/breastfeeding/familiesLanding.html>.
4. Wiesenfeld AR, Malatesta CZ, Whitman PB, Granrose C, Uili R. Psychophysiological response of breast- and bottle-feeding mothers to their infants' signals. *Psychophysiology*. Jan 1985;22(1):79-86.
5. Dukewich T, Borkowski, J., Whitman, T.L. Adolescent mothers and child abuse potential: An evaluation of risk factors. *Child Abuse & Neglect*. 1996;20(11).
6. Kim HK, Pears KC, Fisher PA, Connelly CD, Landsverk JA. Trajectories of maternal harsh parenting in the first 3 years of life. *Child Abuse Negl*. Dec 2010;34(12):897-906.
7. Strathearn L, Mamun AA, Najman JM, O'Callaghan MJ. Does breastfeeding protect against substantiated child abuse and neglect? A 15-year cohort study. *Pediatrics*. Feb 2009;123(2):483-493.
8. Feldman-Winter L, Shaikh U. Optimizing breastfeeding promotion and support in adolescent mothers. *J Hum Lact*. Nov 2007;23(4):362-367.
9. Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *PEDIATRICS*. May 2010;125(5):e1048-1056.
10. 2010 MIHA County Report: A Summary Report of County Snapshots and Geographic Comparisons from the Maternal and Infant Health Assessment Survey. Sacramento: California Department of Public Health, Maternal, Child and Adolescent Health Program; 2012.
11. Nelson AM. Adolescent attitudes, beliefs, and concerns regarding breastfeeding. *MCN Am J Matern Child Nurs*. Jul-Aug 2009;34(4):249-255.
12. Wambach KA, Koehn M. Experiences of infant-feeding decision-making among urban economically disadvantaged pregnant adolescents. *J Adv Nurs*. Nov 2004;48(4):361-370.
13. Hannon PR, Willis SK, Bishop-Townsend V, Martinez IM, Scrimshaw SC. African-American and Latina adolescent mothers' infant feeding decisions and breastfeeding practices: a qualitative study. *J Adolesc Health*. Jun 2000;26(6):399-407.
14. WIC Breastfeeding Peer Counselor Training Manual. In: WIC C, ed: WIC.
15. Berglas N, Brindis, C., Cohen, J. Adolescent Pregnancy and Childbearing in California. 2003. <http://www.library.ca.gov/crb/03/07/03-007.pdf>.
16. Haydu S, Sundquist J. Life Cycle: Normal Infant Feeding (0-12 months). *California Food Guide: Fulfilling the Dietary Guidelines for Americans*2006.
17. Coreil J, Murphy, J. Maternal Commitment, Lactation Practices, and Breastfeeding Duration. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. 1988.
18. Breastfeeding and the use of human milk. *PEDIATRICS*. Mar 2012;129(3):e827-841.
19. Griffin P. California Food Guide: Maternal Nutrition During Lactation. *California Food Guide: Fulfilling the Dietary Guidelines for Americans*2006.
20. U.S. Department of Health and Human Services' Office on Women's Health. Your Guide to Breastfeeding. 2011. <http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/>.
21. Pang WW, Hartmann PE. Initiation of human lactation: secretory differentiation and secretory activation. *J Mammary Gland Biol Neoplasia*. Dec 2007;12(4):211-221.
22. Colson SD, Meek JH, Hawdon JM. Optimal positions for the release of primitive neonatal reflexes stimulating breastfeeding. *Early Hum Dev*. Jul 2008;84(7):441-449.
23. California Department of Public Health. Stomach Capacity References.
24. Best Start. Breastfeeding Guidelines for Consultants2009.
25. California WIC Program. What to Expect in the First Week of Breastfeeding. *California WIC Program*2011.

26. Wagner CL, Greer FR. Prevention of rickets and vitamin D deficiency in infants, children, and adolescents. *PEDIATRICS*. Nov 2008;122(5):1142-1152.
27. ABM Clinical Protocol #24: Allergic Proctocolitis in the Exclusively Breastfed Infant. *Breastfeed Med*. Dec 2011;6(6):435-440.
28. California WIC Program. Feed Me! 6 to 12 Months: California WIC Program; 2008.
29. Policy on early childhood caries (ECC): classifications, consequences, and preventive strategies. *Pediatr Dent*. 2008;30(7 Suppl):40-43.



# Breastfeeding: Common Questions and Answers

## ● Will it be easy to breastfeed my baby?

Breastfeeding can be tricky at first, as you and your baby both learn to breastfeed. This is normal, so don't give up! Breastfeeding gets easier once you AND your baby get the hang of it. Don't sit and worry--ask for help! You and your baby CAN learn how to breastfeed.

## ● Does breastfeeding hurt?

Breastfeeding should not hurt. If you feel pain, ask WIC or your doctor for a lactation expert who can help your baby latch on properly. This should take care of any pain you feel.

## ● Can I make enough breast milk?

Almost all mothers worry about it, but most mothers can make all the milk their baby needs! Your body starts making milk even when you are 4-5 months pregnant. Most teens can make milk just as well as adults. You can keep making milk by feeding often. So, don't let anyone—other than a medical professional—tell you that you don't have enough milk to breastfeed your baby. If you are worried, get help from WIC or a lactation expert right away!

### What are helpful breastfeeding resources?

Ask your case manager to help you fill out the *My Breastfeeding Resources* handout. Keep it somewhere where you can find it easily.

## ● Will my baby get enough breast milk?

Newborns have small stomachs, but they have to double their birth weight in 4 months. As your baby does not eat much at one time, feedings must be frequent (at least 8-12 times per day at first)! Make this easier for you by keeping your baby close by.

Call your baby's doctor if your baby has signs of not getting enough milk. To learn what those signs are, ask your case manager to go over the handout, *Breastfeeding Checklist for My Baby and Me*. Always call the doctor if you are concerned about your baby for any reason.

## ● How can I prepare to start breastfeeding in the hospital?

Tell your doctors you want your baby in your room after birth. Keep your baby on your chest, skin to skin at least the first hour so your baby can get warm, relax and maybe even nurse. Tell your family and friends not to give pacifiers, formula, bottles or anything else to your baby. Try not to give your baby a pacifier or artificial nipple for the first month.

Keep your baby's doctor's appointments. This is a good time to talk to your doctor about how breastfeeding is going. If you are told to feed your baby formula, contact WIC or a lactation expert to get help.

## ● Do I have to go on a special diet to breastfeed my baby?

Breastfeeding does not require a special diet or different foods. Ask your case manager to go over the handout, *Nutrition & Breastfeeding: Common Questions and Answers*, for more information.

## ● What is colostrum?

The first few days, you will have early milk called colostrum. This milk looks yellow and thick, different from later milk. It comes out in small amounts, so you might not even see it! It is important to feed your baby colostrum because it helps to prevent illness. It will slowly become more watery, so that your baby can learn how to suck, swallow and breathe – and not choke! Your milk will change to mature milk when your baby is about 2 weeks old to meet his or her needs.

## ● Is it normal for breast milk to change in color or smell?

Yes. Your milk might look different in the beginning and end of a feeding, or change from week to week. It can even change color and flavor depending on what you eat. This is normal and is just what your baby needs. In fact, this is one of the special things about breast milk.

## ● Is it possible to breastfeed and go to school or work?

You can still breastfeed while going to school or work. Here are some tips:

- Take as much time off as you can. You and your baby can get to know each other and learn to breastfeed.
- Find out if you can get a breast pump from WIC, your CPSP or health insurance company.
- Practice pumping for a couple of weeks before returning to work or school.
- Pump or hand express when you are away, so that you can keep making milk. Your baby can have that milk when you are not there. If you are working, California law requires your employer to allow you unpaid breaks and a private space for pumping, which is NOT a bathroom. If your school or work is close by, you may be able to go to your baby and breastfeed during breaks.
- Share brochures from [www.breastfeedingworks.org/resources](http://www.breastfeedingworks.org/resources) with your school or work.

## ● Will breastfeeding take away my freedom?

Being a mother comes with challenges no matter how you feed. If you formula feed, you have to take bottles with you whenever you go out and you have to wash sticky bottles. At night, you have to go to the kitchen and prepare the bottle! Breastfeeding is ready-made food to go.

## ● Won't my family, friends or partner feel left out if I breastfeed my baby?

They can do other things with your baby, such as read, sing, dance, take your baby for walks, and spend some “tummy time” with them. Tell your friends and family why breastfeeding is important for your health and your baby’s health. They should be proud of you for breastfeeding.

## ● What if I am embarrassed to breastfeed in public?

If you are embarrassed to breastfeed in public, you are like many others! Try these tips:

- Practice breastfeeding in front of a mirror to find a technique that works for you.
- Breastfeed right before leaving and right after coming home from short trips.
- Wear shirts that pull up from the waist or that can be unbuttoned from the bottom. Use a pretty shawl or baby blanket as a cover-up.
- Breastfeed before your baby cries, so it is not as hard to position him/her.
- Sit in the car, in a changing room, or in a sitting area to breastfeed.
- Pump breast milk at home and use a bottle with expressed milk in public.



# Nutrition & Breastfeeding: Common Questions and Answers

## ● Will I have to change my diet while breastfeeding?

Breastfeeding does not require a special diet or different foods. Everyone needs to follow a healthy diet of different fruits and vegetables, lean protein, low fat dairy and whole grains every day. The extra calories and nutrients that you need are easy to get when you choose healthy foods and you eat when you are hungry and stop when you are full. You can make a food plan just for you at [www.choosemyplate.gov/supertracker-tools/daily-food-plans/moms.html](http://www.choosemyplate.gov/supertracker-tools/daily-food-plans/moms.html).

## ● Can I go on a diet to lose weight while breastfeeding?

It is not a good idea for breastfeeding women to lose weight quickly. Rapid changes in weight can affect the amount of milk you make. You will lose weight gradually as you make milk for your growing baby. It is best to make slow changes.

To lose weight safely and slowly, limit extra fats and sugars and exercise most days. Skipping meals is not healthy for anyone and can reduce your baby's milk. The more often and longer you breastfeed, the easier it is to lose weight.

## ● Can I eat “junk food” while breastfeeding?

Eating “junk food,” such as soda, French fries, sweets and chips will not hurt your baby. Breast milk from mothers who eat “junk food” is better for babies than formula.

Eat healthy foods for yourself. You will lose extra weight faster and you will feel less tired and get sick less often. To make healthier food choices, find out how much fat and sugar is in the foods that you eat. Get quick nutrition information at [www.choosemyplate.gov/SuperTracker/foodapedia.aspx](http://www.choosemyplate.gov/SuperTracker/foodapedia.aspx).

## ● How much water do I need to drink?

Let your thirst be your guide. Many mothers find they get thirsty when they are breastfeeding, so have a glass of water nearby when you sit down to breastfeed. Mothers who drink too much water can lower their milk supply.

## ● Do I need to drink milk or eat dairy foods to breastfeed?

You do not need to drink milk or eat dairy foods to breastfeed. You do need foods that are high in calcium and vitamin D in your diet while you are breastfeeding and all through your life, for strong and healthy bones. Dairy foods have calcium and as do many green leafy vegetables. Other options are calcium-fortified soy products, canned sardines and salmon. If you do not eat calcium-rich foods, ask your doctor if you need a calcium supplement.

## ● Can I have caffeine when I'm breastfeeding?

Drinking no more than three 8-ounce cups of coffee early in the day should not affect your baby. If your baby isn't sleeping well or is fussy, cut back on caffeine in coffee, tea, soft drinks, and chocolate. Caffeine can keep you awake, too. Most coffee cups and coffee drinks are larger than 8-ounces (1 cup). Avoid energy drinks.

## ● Is drinking alcohol a good idea when breastfeeding?

In California, the legal drinking age is 21. Drinking alcohol when underage may put you at risk of losing custody of your baby.

Alcohol passes into breast milk and may be harmful for you and your baby. If you do drink alcohol, stop after one drink, and wait at least 3 hours before breastfeeding your baby. One drink of alcohol is 1 beer, 1 ½ ounces alcohol, or 5 ounces wine. If you have one drink and your baby cannot wait 3 hours to feed, give a bottle of warmed-up breast milk from the freezer. If you drink, make sure your baby is being safely cared for.

If you are not using birth control, do not drink alcohol. Alcohol can harm your next baby, even before you know you are pregnant.

## ● Can vegetarians or vegans breastfeed?

Yes. You need protein, not animal products and meat, to make breast milk. Vegetarian and vegan women need to be sure to eat foods rich in vitamin B12, vitamin D, and calcium. Sometimes vegetarians need to take a vitamin, so talk to your doctor about taking one that meets your needs.

## ● Does my baby need vitamin D if I breastfeed?

Yes. Breastfed babies should begin taking 400 IU of vitamin D soon after birth. Talk to your baby's doctor about Vitamin D for your baby as soon as possible. Most breastfed babies do not need any other vitamins.

## ● Do I need vitamins?

Every day, eat a vitamin or cereal that has 400 mcg of folic acid. Your body needs folic acid for healthy hair, nails, skin and overall health. Folic acid also helps prevent serious birth defects that can happen before you know you are pregnant. If you think that you need other vitamins, talk to your doctor or to WIC staff. Even if you take a vitamin, try to eat different colors and textures of fresh and healthy foods every day.



## ● Can I exercise while breastfeeding my child?

Yes. Exercising is part of being healthy. Exercise will not hurt your milk. Remember for your health and safety, start exercising gradually once your doctor says it's OK!

Phone number for a registered dietitian (if needed): \_\_\_\_\_

## My Breastfeeding Resources

Type of Resource	When to Use this Resource	Specialist/ Organization Name	General Contact Information/ Information about the Resource	Fill in your Local Contact Information (e.g. Phone Number)
<b>Professional Breastfeeding Help</b>	When you need help breastfeeding, have problems with latching on, feel pain, have questions about drug safety, etc.	WIC lactation expert (also called a lactation consultant)	Your local WIC site may have FREE lactation experts. To find the closest WIC, call 1-888-942-9675 or visit <a href="http://www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp">www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp</a>	
		Other lactation experts (hospital, private)	To find a lactation expert nearby, visit <a href="http://www.ilca.org/i4a/pages/index.cfm?pageid=3337">www.ilca.org/i4a/pages/index.cfm?pageid=3337</a>	
<b>Medical Help</b>	For emergency situations	Emergency Room/ER	Call 9-11.	Call 9-11.
	If you have medical or health concerns for you or your baby.	Primary health care provider (doctor or clinic) for mother or baby	Call your health care provider or your baby's health care provider.	
<b>Nutrition Help</b>	If you have questions or concerns about your diet, weight, or food intake while breastfeeding.	Registered Dietitian	Call your health care provider or your local WIC agency. To find the closest WIC, call 1-888-942-9675 or visit <a href="http://www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp">www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp</a>	
<b>Community Breastfeeding Support</b>	When you would like breastfeeding support or to talk about breastfeeding and taking care of babies with professionals and experienced mothers.	La Leche League groups	To find a local La Leche League, visit <a href="http://www.llli.org/Web/California.html">www.llli.org/Web/California.html</a>	
		WIC peer counseling is offered in some counties	Call your local WIC agency. To find the closest WIC, call 1-888-942-9675 or visit <a href="http://www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp">www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp</a>	

		Other local support groups	Find support groups in your county at <a href="http://www.californiabreastfeeding.org">www.californiabreastfeeding.org</a> .	
<b>Helplines/ Warmlines</b>	For answers to basic breastfeeding questions.  Note: Lines may be temporarily closed or may not be able to provide a response immediately.	National Breastfeeding toll-free helpline	<ul style="list-style-type: none"> <li>• Call 1-800-994-9662</li> <li>• TDD for the hearing-impaired is 1-888-220-5446</li> <li>• Available in English and Spanish M-F 9am-6pm EST</li> </ul>	
		La Leche League 24-hour toll-free warmline	Call 1-877-4-LALECHE (1-877-452-5324)	
<b>Milk Banks</b>	To donate or get breast milk (this is a Medi-Cal benefit that requires a doctor's prescription).	Mother's Milk Bank of California	For information: <ul style="list-style-type: none"> <li>• Visit <a href="http://www.sanjosemilkbank.com">www.sanjosemilkbank.com</a></li> <li>• Call 1-408-998-4550</li> <li>• Email <a href="mailto:MothersMilkBank@hhs.co.santa-clara.ca.us">MothersMilkBank@hhs.co.santa-clara.ca.us</a></li> </ul>	
<b>Breastfeeding Pumps/Supplies</b>	To purchase or rent a breast pump.	Local WIC agency	Call your local WIC agency.  To find the closest WIC, call 1-888-942-9675 or visit <a href="http://www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp">www.applications.dhs.ca.gov/wic/resources/laSearch/search.asp</a>	
		Hospital rental		
		Private rental		
		Local Breastfeeding Coalition	Visit <a href="http://www.californiabreastfeeding.org/memberscounty.html">www.californiabreastfeeding.org/memberscounty.html</a>	
<b>Other</b>	For breastfeeding information, tips, and handouts.	California Department of Public Health	Visit <a href="http://cdph.ca.gov/breastfeeding">http://cdph.ca.gov/breastfeeding</a>	
		California Women, Infants, and Children (WIC)	Visit <a href="http://www.cdph.ca.gov/programs/wicworks/Pages/BreastfeedingResourcesforMoms.aspx">www.cdph.ca.gov/programs/wicworks/Pages/BreastfeedingResourcesforMoms.aspx</a> .	
		Federal Office on Women's Health	Visit <a href="http://womenshealth.gov/breastfeeding">http://womenshealth.gov/breastfeeding</a>	

# My Action Plan for Breastfeeding



Name: \_\_\_\_\_

Check the box for each step you are doing now to prepare for breastfeeding. Check the boxes for the steps you plan to take. Write down other ways you plan to prepare for breastfeeding.

## Things that I can do to get ready for breastfeeding

- Learn more about breastfeeding by asking questions, attending classes, and reading. Ask my local WIC agency, medical provider, or clinic staff for more information and help.
- Attend a breastfeeding support group at WIC or La Leche League to talk to moms who have breastfeeding experience.
- Talk to my family, husband/partner, friends, and my work or school about my plans to breastfeed my baby.
- Fill out a birth plan and give it to my doctor. Ask your case manager for a copy of *My Birth Plan*.
- Ask that my baby stay in my room after I give birth.
- Start breastfeeding in the first hour after delivery.
- Avoid pacifier use for the first month.
- Complete and save *My Breastfeeding Resources*.
- If I have trouble breastfeeding, I will ask for help instead of giving my baby formula.
- Give my baby only breast milk for the first six months and try to breastfeed for at least a whole year. If I need to be away from my baby, I can pump breast milk.
- Other ideas to help me breastfeed my baby:  
 \_\_\_\_\_  
 \_\_\_\_\_

Am Doing	Steps I Will Take
<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Breastfeeding Checklist for My Baby and Me

This checklist will help you know things are going well for you and your 4 day to 4 week old baby. If you have any concerns, call the baby's doctor and a lactation expert.

Check that breastfeeding is going well for you and for your baby.

## My baby is over 4 days old and:

- Breastfeeds at least 8 times in 24 hours.
- Makes swallowing sounds during most of the feeding.
- Makes at least 4 dirty diapers in 24 hours.
- Has dirty diapers that are lighter in color and not so dark and thick.
- Only breastfeeds and does not take formula or other liquids.

## I delivered more than 4 days ago and:

- I enjoy breastfeeding my baby.
- Latching baby on to feed is getting easier.
- After my baby latches on and I count to 10, my nipples do not hurt.
- My breasts were larger and heavier after delivery.
- My breasts feel softer after I breastfeed.
- I believe that breastfeeding is going well.

Check if you and your baby need help with breastfeeding. If you check any of these boxes, contact your baby's doctor or a lactation expert and/or WIC to get help quickly.

## My baby is over 4 days old and:

- Sleeps more than 5 hours at a time
- Does not wake up to breastfeed at least 8 times every 24 hours.
- Does not make swallowing sounds during the most of the feeding.
- Wet diapers are not heavy and have a pink color.
- Does not make at least 4 dirty diapers in 24 hours.
- The dirty diapers are dark and thick.
- Breastfeeds and drinks formula and other liquids.
- Has yellow colored skin and eyes.

## I delivered more than 4 days ago and:

- My breasts did not get larger and heavier after delivery.
- Latching baby on is difficult.
- My breasts do not feel softer after I breastfeed.
- I worry I don't have enough milk.
- I can't tell when my baby is hungry and when my baby is full.
- After my baby latches on and I count to 10, my nipples still hurt.
- I change sanitary pads every hour because I bleed so much.
- I do not think breastfeeding is going well.

Baby's Doctor \_\_\_\_\_

My Doctor \_\_\_\_\_

Lactation Expert \_\_\_\_\_

WIC's Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Baby's Birth Date \_\_\_\_\_ Baby's Birth Weight \_\_\_\_\_ Baby's Discharge Weight \_\_\_\_\_

# My Birth Plan

(For a normal, full-term delivery)

Name: \_\_\_\_\_

## My plan is to:

- Have my labor start and stop without drugs, unless medically required
- Have my chosen support people stay with me
- Drink clear liquids and eat light foods during early labor
- Move, change positions, take a shower, have a massage and walk, as much as possible during labor
- Have a Heparin Lock versus a continuous drip IV for quick access in case of an emergency
- Hold my baby skin to skin immediately after birth
- Have my baby's tests performed while in contact with me so my baby is not taken from me until after he/she has breastfed
- Have 24 hour rooming in
- Receive help and education to breastfeed successfully
- Have my baby brought to me if for some reason he/she is not in my room and is giving hunger cues, such as sucking hands or making sucking sounds, moving the head towards a person or, in very sleepy babies, eye movements under the eyelids before he/she is crying
- Get an appointment for a health checkup for my baby upon discharge and be given the names of helpers, in case I need help with breastfeeding
- Be given instruction on the use of an electric breast pump if my baby is unable to breastfeed or is separated from me due to a medical condition within 6 hours after delivery

## I do not want:

- My bag of waters broken, or to have an episiotomy or other surgery done unless medically necessary
- My baby given a pacifier, bottles, water or formula without my consent and the medical order of his/her doctor

\_\_\_\_\_  
*Signature of the patient*

\_\_\_\_\_  
*Date signed*

*Copies for MD, hospital, clinic and patient*

# Mi plan de parto

(Para el parto de un bebé a nacido tiempo completo y saludable)

**Nombre:** \_\_\_\_\_

## Mi plan es:

- Permitir que el parto comience y se demore sin el uso de drogas, a menos que sean requeridas por un problema médico
- Que las personas que yo elija como equipo de apoyo me acompañen durante el parto
- Ingerir líquidos claros y comidas livianas durante el parto
- Tener un acceso a mi vena que me permita moverme y la vez ofrezca acceso rápido en caso de emergencia (Heparin Lock)
- Poner mi bebé sobre mi pecho, piel a piel en cuanto nazca
- Que hagan los exámenes de mi bebé mientras esté en contacto conmigo para que no se separe de mí hasta que haya tomado el pecho
- Tener mi bebé en mi habitación las 24 horas del día
- Recibir ayuda y educación para lograr dar el pecho efectivamente
- Si por alguna razón mi bebé no está conmigo, que me lo traigan en cuanto dé señales de tener hambre como: chuparse las manos, hacer ruidos de chupo, mover su cabecita hacia una persona, o, si es muy dormilón, mover sus ojos debajo de los párpados antes que comience a llorar
- Ya tener una cita para un examen físico de mi bebé al darme de alta y recibir los nombres de personas que me puedan ayudar si necesito ayuda con la lactancia
- Que si mi bebé no puede tomar pecho o está separado de mí por una condición médica, me ofrecerán un sacaleches e instrucciones para su uso dentro de 6 horas después del parto

## No deseo que:

- Me rompan las fuentes o me hagan una episiotomía u otra cirugía a menos que sea por necesidad médica
- Le den un chupón, mamilas, agua o fórmula a mi bebé sin mi permiso y las órdenes del médico

\_\_\_\_\_  
*Firma de la paciente*

\_\_\_\_\_  
*Fecha*

*Copias para el médico, el hospital y la paciente*

# Appendix B

## Sample Situations When Mothers Should Not Breastfeed<sup>1</sup>

In the following rare situations, the client should not breastfeed and should be referred to her primary healthcare provider for further information:

1. If the infant is diagnosed with galactosemia.
2. If the mother is positive for human T-cell lymphotropic Virus Type I/II or untreated brucellosis.
3. If the mother has active untreated Tuberculosis, she must stay away from her baby until she has completed 2 weeks of therapy as prescribed by her primary care provider. During this time, her expressed human milk can be used. After 2 weeks, she can be tested, and if no longer infectious she can breastfeed her baby while taking the medications to control the TB infection.
4. Mothers who develop varicella (Chicken Pox) between 5 days before delivery to 2 days after delivery should be separated from their infants but can provide their expressed human milk.
5. Mothers with H1N1 should temporarily be isolated from their babies until they have no more fever, but can provide their milk for their baby.
6. In the US, a mother with HIV/AIDS should be giving her baby formula.
7. If mother needs to have chemotherapy, or radioactive medications, they can affect her baby if she breastfeeds. In some cases she can “pump and dump” and return to breastfeeding after completing her medications. Have her check with her baby’s health care provider.
8. If the mother is using street drugs, marijuana, or is drinking excessive alcohol (make appropriate referrals if such behavior is suspected).The child may suffer from inadequate care or endangerment, and should be referred to their primary care provider.

## Source

1. Breastfeeding and the use of human milk. *PEDIATRICS*. Mar 2012;129(3):e827-841.

# Appendix C

# Mixing/Feeding Infant Formula<sup>1</sup>

## Iron

The infant formulas currently available in the United States are either

1. **Iron-fortified** with about **12** milligrams of iron per liter, or
2. **Low iron** with about **2** milligrams of iron per liter

The American Academy of Pediatrics (AAP) recommends that formula-fed infants receive an **iron-fortified formula** as a way of reducing the prevalence of iron-deficiency anemia.

If infants are fed a low-iron formula, a health care professional may recommend a supplemental source of iron, particularly after 4 months old.

## Infant Formula Products

Baby formula comes in three forms:

- **Powder:** the least expensive of the infant formulas. It must be mixed with water before feeding.
- **Liquid concentrate:** usually mixed with an equal amount of water.
- **Ready-to-feed:** the most expensive form of formula that requires no mixing.

The protein source varies among different types of infant formula.

## Safety Issues

- **Formula preparation.** In most cases, it's safe to mix formula using ordinary cold tap water that's brought to a boil and then boiled for one minute and cooled. According to the World Health Organization, recent studies suggest that mixing powdered formula with water at a temperature of at least 70 degree C—158 degrees F—creates a high probability that the formula will not contain the bacterium *Enterobacter sakazakii*—a rare cause of bloodstream and central nervous system infections. Remember that formula made with hot water needs to be cooled quickly to body temperature—about 98 degrees F—if it is being fed to the baby immediately. If the formula is not being fed immediately, refrigerate it right away and keep refrigerated until feeding.
- **Bottles and nipples.** The Mayo Clinic says you may want to consider sterilizing bottles and nipples before first use. After that, you can clean them in the dishwasher or wash them by hand with soapy water.
- **Water.** Use the exact amount of water recommended on the label. Under-diluted formula can cause problems related to dehydration. Over-diluted formula will not provide adequate nutrition, and, if fed for an extended period of time, may result in slower growth.
- **Bottled water.** If consumers use non-sterile bottled water for formula preparation, they should follow the same directions as described for tap water above. Some companies sell bottled water that is marketed for infants and for use in mixing with infant formula. This bottled water is required to meet general FDA quality requirements for bottled water. If the bottled water is not sterile, the label must also indicate this. Water that is marketed by the manufacturer as sterile and for infants must meet FDA's general requirements for commercial sterility.
- **Formula warming.** This isn't necessary for proper nutrition. The best way to warm a bottle of formula is by placing the bottle in a pot of water and heating it on the stove until warm (at body temperature). Never use microwave ovens for heating infant formulas. Microwaving may cause the bottle to remain cool while hot spots develop in the formula. Overheated formula can cause serious burns to the baby.
- **"Use by" date.** This is the date after which a package or container of infant formula should not be fed to infants. It indicates that the manufacturer guarantees the nutrient content and the general acceptability of the quality of the formula up to that date. FDA regulations require this date on each container of infant formula.
- **Storage.** Manufacturers must include instructions on infant formula packaging for before and after the container is opened. They must also include information on the storage and disposal of prepared formula.

- **Freezing formula.** This is not recommended, as it may cause a separation of the product's components.
- **Homemade formula.** FDA does not regulate or recommend recipes for these. Errors in selecting and combining ingredients for homemade formula can have serious consequences affecting the nutrition and overall well-being of the infant.
- **Counterfeit formula.** These formulas have been diverted from normal distribution channels and relabeled to misrepresent quality or identity. An example is illegal labeling of the "use by" date. Infant formula may also be illegally relabeled to disguise its true content. This can lead to serious adverse health consequences for infants who cannot tolerate certain ingredients.
- **Formula changes.** Always look for any changes in formula color, smell, or taste. If you buy formula by the case, make sure the lot numbers and "use by" dates on the containers and boxes match. Also, check containers for damage, and call the manufacturer's toll-free number with any concerns or questions.
- You may contact at 1-888-463-6332 or visit medwatch online voluntary reporting to report an illness, injury or other problem believed to be related to infant formula.
- Notify manufacturers about problems, complaints, or injuries caused by their products by calling the toll-free telephone numbers listed on their product labels.

## Source

1. U.S. Food and Drug Administration. FDA 101: Infant Formula. *For Consumers* 2007; <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm048694.htm>.

## Other Resources

- State of Washington's WIC program Staff Education: <http://www.doh.wa.gov/cfh/WIC/materials/clinic/inservices/infantformula.pdf>
- California Women, Infant and Children (WIC) Program: [www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-WhenYouFeedMeFormula.pdf](http://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-EdMaterials-WhenYouFeedMeFormula.pdf)
- United States Department of Agriculture (USDA): [www.nal.usda.gov/wicworks/Topics/FG/Chapter4\\_InfantFormulaFeeding.pdf](http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf)