

## Helping Mothers Choose, Initiate and Continue Breastfeeding – A Three Part Series RESOURCE Guide

### **CHOOSE – Breast milk is the perfect food for babies, rich in nutrients, enzymes, probiotics and antibodies. Breastfeeding:**

- Promotes bonding between mother and baby
- Helps the mother heal from childbirth
- Saves time and money and is more convenient
- Contributes to a healthier baby, so mom and dad lose less time from work



Refer if the mother is concerned about possible barriers to breastfeeding.

Talk to mom about choosing breastfeeding before, during or up to two weeks after pregnancy. Be sure to gauge her readiness first and use 3-step counseling strategies.

### **INITIATE – Mom needs your support.**

Talk to mom about milk production, latching, positioning, feeding and sleeping patterns.

A mother who is experiencing challenges to breastfeeding should follow three rules:

1. Feed the baby.
2. Protect her milk production.
3. Seek a solution.



Refer if the mother is concerned about any health issues related to her or her baby, her baby's weight or other growth issues, her milk production or ability to satisfy her baby, her baby's ability to latch and suck effectively or her baby's ability to settle into feedings.

### **CONTINUE – The American Academy of Pediatrics recommends that babies be exclusively breastfed for about the first six months of life and should continue to breastfeed for a year and for as long as is mutually desired by the mother and baby.**

Teach the mother about normal growth, feeding and appetite patterns so she can remain confident that breastfeeding is going well. If she's returning to work or school, help mom with strategies to continue breastfeeding.

- Breastfeeding in public
- Pumping
- Weaning
- Right of breastfeeding mothers (laws)



Refer if the mother is concerned about a nursing strike, resuming normal activities, pumping and safe milk storage, starting solid foods or weaning.

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### Resources for Families

For mothers:

- Breastfeeding Facts to Share – See page 5
- Breastfeeding Plan – See page 6
- [Tips for Breastfeeding Moms](#), Making Healthy Food Choices in English and Spanish, USDA, Food and Nutrition Service
- What is WIC Breastfeeding Support – [English](#) and [Spanish](#)
- WIC Breastfeeding Basics for Moms – [English](#) and [Spanish](#)
- Your Breastfeeding Journey – [English](#) and [Spanish](#)
- Moms Helping Moms: Meet Your WIC Breastfeeding Peer Counselor – [English](#) and [Spanish](#)
- Circle of Care – [English](#) and [Spanish](#)
- Break Time for Nursing Mothers Employee Card – [English](#) and [Spanish](#)
- [Virginia Right to Breastfeed Law Cards](#)

For fathers and other family members:

- Breastfeeding Basics for Dads – [English](#) and [Spanish](#)
- Breastfeeding Basics for Grandmas – [English](#) and [Spanish](#)

For Black Families - It's Only Natural Breastfeeding Campaign

- Breastfeeding Fact Sheet: General Information – [English](#)
- Breastfeeding Fact Sheet: How To - [English](#)
- Your Guide to Breastfeeding for African American Women - [English](#)
- Fathers Can Support Breastfeeding Brochure - [English](#)
- Making the Decision - [English](#)

For Hispanic Families - Magical Bond of Love Breastfeeding Campaign

- You Have Everything Your Baby Needs - [English](#) and [Spanish](#)
- Dads Play an Important Role - [English](#) and [Spanish](#)
- Grandparents Play an Important Role - [English](#)

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### Resources for Home Visitors

#### Module Resources:

- Lifestyle/Health Factors – page 7
- Myths and Facts – page 9
- Breastfeeding Glossary – page 11

#### Other Resources:

- [Breastfeeding Report Card](#), Centers for Disease Control and Prevention
- [The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#), Centers for Disease Control and Prevention – Strategy 7. Access to Breastfeeding Education and Information, pages 33-36
- [Health Reform and Breastfeeding Fact Sheet](#), Association of Maternal & Child Health Programs
- International Lactation Consultant Association - [Find a Consultant](#)
- [Breastfeeding](#), Office on Women’s Health, U.S. Department of Health and Human Services
- [Infant Developmental Skills \(Page 1\) and Infant Hunger and Satiety Cues \(Page 2\)](#)
- [La Leche League International](#)
- [Women, Infants and Children \(WIC\) Breastfeeding Support](#)
- Breastfeeding Laws
  - [FLSA § 7® \(as amended by the Affordable Care Act, P.L. 111-148\)](#)
  - [Fact Sheet #73 Break Time for Nursing Mothers under the FLSA](#)
  - [Break Time for Nursing Mothers FAQs](#)
  - [What the Law Says about Breastfeeding and Work](#), Office on Women’s Health, U.S. Department of Health & Human Services
  - [Breastfeeding State Laws](#)
  - [VA Breastfeeding Law Overview for Businesses](#)
  - [Breastfeeding Welcome Here Decal](#)

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### Resources for Home Visitors

**Health Bites Videos** - Suitable for Parent Education, Virginia Department of Health's [Health Bites Project](#) – For challenges and activities, select “Topic Menu,” then “After Delivery” or “Babies” (Enable Flash Player).

- [Why Breastfeeding is Best](#) – A Breastfeeding Peer Counselor explains why breastfeeding is the best option for moms and infants.
- [Midnight Munchies](#) – It's 3 am and your baby is hungry. Is it easier to breastfeed or formula feed?
- [How to Breastfeed](#) – Everything you need to know to breastfeed your baby, including information on latching on, different positions to use and how often your baby will want to feed.
- [Special Concerns while Breastfeeding](#) – Information about breastfeeding concerns including engorgement, plugged milk ducts or mastitis.
- [Sore Nipples While Breastfeeding](#) – Learn what you should do if your nipples become sore or cracked while breastfeeding so that you can continue feeding your infant in comfort.
- [Breastfeeding with Tattoos and Piercings](#) – You can still breastfeed if you have tattoos or piercings.
- [Breastfeeding Wisdom](#) – A young mother overcomes obstacles and learns about breastfeeding in public, expressing and storing breast milk and going back to work or school.
- [Breastfeeding Support](#) – It's important to have the support of your friends and family while you breastfeed. Listen in on two friends talking about their challenges and what you can do to gain support.
- [Breastfeeding in Public](#) – Learn how easy and low-stress breastfeeding your baby in public can be.
- [Breastfeeding and Going Back to School](#) – Going back to school after you give birth can be scary – especially if you're breastfeeding. This video will give you some tips on how to do it, and how to talk to the important people in your life about your decision.
- [Breastfeeding in the Park](#) – Feeling uncomfortable about breastfeeding in public? It's not as scary as it sounds, and this video will give you some tips.
- [Weaning From the Breast](#) – Weaning your breastfed baby can be an intimidating process. This video will give you some tips on how to help your child make the transition.
- [Weaning Open Mic](#) – Enjoy music, poetry and art and learn about weaning your baby from the bottle along the way.

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### Facts to Share with Parents

#### Feeding Time and Baby Cues

- When a mother allows her healthy baby to nurse as often as he indicates the need, the mother’s milk supply is optimized. Frequent nursing causes no negative effect.
- Milk production is related to feeding frequency. A mother who breastfeeds an average of 10 times per day in the first two weeks will have greater milk production and her infant will gain more weight.
- Rather than limiting feeding to a specific length of time, the mother should allow the infant to suck until she shows signs of being full.
- When a woman’s breasts empty, her milk production is triggered regardless of the length of feeding, so there is no need to allow for “refill” time.
- A breastfed baby’s frequency of feeding will vary according to the mother’s milk supply and storage capacity, as well as the baby’s developmental needs.
- While most babies will indicate when they need to eat, babies in the newborn period may not wake often enough. Parents should awaken the infant if necessary to eat at least eight times a day.
- Infants go through cycles of feeding, sleeping and having periods of wakefulness.
- It’s important to let baby finish the first breast first, even if that means that he doesn’t take the second breast at the same feeding, because the milk changes composition and increases in calories as the breast is drained.
- The responsive parenting style of feeding according to baby’s cues brings mother and baby into synchronization, leading to enhanced bonding.
- A baby who is help frequently will cry fewer hours a day and exhibit more security as he matures. While some infant’s sucking needs are met primarily during feedings, other babies may need additional sucking at the breast soon after a feeding even though they’re not really hungry.
- Early use of the bottle is discouraged because some babies develop nipple confusion and apply inappropriate sucking techniques to the breast when they switch between breast and bottle.

Incorporate this information into your *Choose, Initiate, and Continue* action plan to share this important information with the mother while she is learning to breastfeed.

#### Milk Production

- Most case of low weight gain are related to insufficient milk intake or an underlying health problem in the baby, not any variance in the quality of the mother’s milk.
- The most common causes of milk supply problems are infrequent feedings and poor latch-on and positioning; suckling problems on the infant’s part can also negatively impact milk supply.
- Another important aspect of milk production is the mother’s diet. A breastfeeding mother needs a healthy variety of vegetables, fruits, grains and proteins for the proper nutrients to produce milk.
- Allergies to human milk are rare; if a baby shows sensitivities related to feeding, it is usually from something the mother has eaten and not the milk itself.

*Refer if the mother shares health concerns or symptoms that she feels are hindering her milk production.*

#### Additional Information

- Pacifying a baby at the breast is appropriate and can help infant development and lactation health.
- Postpartum depression is unrelated to nursing.
- The supine nursing position does not cause ear infections.

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### Breastfeeding Plan

My name is \_\_\_\_\_ and my goal is to exclusively breastfeed my baby. The benefits of breastfeeding are very important to me and my baby. I request that these guidelines be supported as long as it is medically safe for my baby and me. If I am unable to answer questions about the chosen infant feeding practices, please talk with my birthing partner, \_\_\_\_\_ or my doctor, \_\_\_\_\_, who are both supportive of my decision to breastfeed.

#### Check all that apply:

- Exclusive Breastfeeding - My goal is to exclusively breastfeed my baby. Please do not give my baby any supplements before speaking to me or my birthing partner. I need all of my baby's suckling to be at my breast in order for me to establish a good milk supply.
- No bottles or pacifiers - Please do not give my baby artificial nipples including pacifiers or any types of bottles with formula, water, or glucose water. If there is a medical reason for supplementation, I would first like to speak with a lactation consultant or pediatrician about trying alternate feeding methods with expressed milk.
- Skin-to-skin - When my baby is born, I would like to have him/her placed on my chest, skin-to-skin with me for at least thirty minutes. If possible, please perform routine newborn evaluations with my baby on my chest. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. A blanket may be placed over us, but not between us, if extra warmth is necessary.
- First hour - Please help me initiate breastfeeding within 30 minutes to 1 hour of delivery. This means placing my baby skin-to-skin as soon as possible after birth, offering help to begin breastfeeding when my baby seems ready (e.g. rooting, licking lips, etc.) Please do not force my baby to take the breast if he/she is not showing signs of readiness. Instead, keep my baby skin-to-skin with me until he/she is ready to latch.
- Routine exams - Please examine my baby in my presence and do not take him/her away from unless he/she requires medical treatment that cannot be done in my room.
- Emergency cesarean - If I have a cesarean, I would like to hold my baby skin-to-skin as soon as possible after the operation. If I am unable to for some time after the delivery, then please allow my partner to hold my baby skin-to-skin.
- Rooming in - I would like to room in with my baby 24 hours a day to give my baby plenty of skin-to-skin time and so I can learn my baby's feeding cues and feed him at his first sign of hunger. If for some reason my baby and I are not in the same room, please bring him/her to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.
- Breastfeeding assistance - Please teach me how to identify a good latch and how to correct my baby's positioning and latch if improvement is needed. Please teach me how to recognize my baby's early hunger cues and how to tell if my baby is breastfeeding well.
- Breast pumps - If my baby is unable to breastfeed or is separated from me due to medical reasons, I want to be able to use a breast pump within 6 hours of delivery. If you think I am going to need a pump longer than my hospital stay or if there is no a double electric breast pump available, please remind me to call my WIC office.
- Discharge bags - Please do not give me a discharge bag containing formula or show me any promotional or marketing materials concerning artificial baby milk.
- Breastfeeding support after discharge - I would like to receive contact informant for breastfeeding support in case I need help with breastfeeding after my baby and I are at home.

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### Lifestyle/Health Factor

Lifestyle/Health Factor	Ok to Breastfeed?	What Mothers Need to Know
Multiples	Yes	Since milk supply is based on supply and demand, mothers can make enough milk for multiples.
Baby is Ill	Usually/Always Refer	Babies who are ill often need the antibodies in their mother's milk but there are some conditions that may prevent breastfeeding. Always defer to the baby's health care provider.
Mother is ill or taking medications	Usually/Always Refer	Common cold/virus – usually ok; the mother's antibodies help the baby to fight illness, too. Hepatitis B or C – yes, a mother can continue to breastfeed. Herpes Simplex II – usually, unless the mother has an active herpes lesion or open sore on her breast. She should always express and discard milk from the affected side until the sore heals and cover the lesion so the baby has no risk of contact.
Mother has certain medical conditions	No/Always Refer	HIV positive Has untreated, active tuberculosis Is infected with human t-cell lymphotropic virus type I or II Is taking prescribed cancer chemotherapy agents Is undergoing radiation treatments
Prescription and Over-the-Counter Medications	Caution/Always Refer	Most medications are safe while breastfeeding, but there are some that are not safe for babies. Always refer to the mother's health care provider for questions about medications.
Birth Control	Caution/Always Refer	Most hormone birth control methods are safe for the baby, but some can cause a drop in the mother's milk production.
Tattoo	Yes	The dyes used in tattoos do not affect the mother's milk.
Nipple Ring	Yes, once the piercing has fully healed.	The nipple ring should be removed while the baby is breastfeeding.
Breast Surgery	Maybe/Always Refer	A mother's ability to make milk after breast surgery will depend on the type of surgery she had.
Stress	Yes	The hormones released, along with the skin-to-skin contact with the baby, can lower a mother's stress levels and help her feel calm.
Mother is pregnant	Usually/Always Refer	Mothers can usually continue to breastfeed unless there is a history of miscarriage or contractions during breastfeeding. Always refer the mother to her health care provider for questions about the safety of breastfeeding during pregnancy.
Disabled	Yes	Mothers with a physical or mental disability can make milk just like other mothers can. They may need special help to learn to care for their babies. Refer to a WIC breastfeeding peer counselor.
Actively using alcohol or drugs	No/Always Refer	Substances can be passed to the infant through her milk.

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### Lifestyle/Health Factor (continued)

Lifestyle/Health Factor	Ok to Breastfeed?	What Mothers Need to Know
Using opiate replacement medication	Yes/always refer	Improves maternal-infant bonding and may help alleviate symptoms of neonatal abstinence syndrome in the infant.
Alcohol	Caution/Refer	The woman should check with her healthcare provider before consuming alcohol. Usually, once breastfeeding is well-established (no earlier than 3 months of age), a mother may consume a single alcoholic drink and wait at least 4 hours before breastfeeding. She should feed her baby or express milk before consuming the alcoholic drink. If she is consuming more than the occasional alcoholic drink, refer her to her healthcare provider.
Illegal Drugs such as heroin, cocaine, methamphetamines, or marijuana	No/Always Refer	Drugs pass into the mother's milk and can harm the baby. They also impair the mother's judgement and child care abilities.
Smoking	Yes/Refer for help in cutting back on smoking	Breastfeeding will help protect the baby from respiratory problems, allergies and Sudden Infant Death Syndrome. A mother should never smoke near her baby, in the house, or in the car. She may want to change her shirt after smoking before going near the baby. Mothers who smoke may have lower milk production.

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### Breastfeeding Myths and Facts

MYTH	FACT
Frequent nursing leads to poor milk production, a weak let-down response, and ultimately unsuccessful nursing.	Milk supply is optimized when a healthy baby is allowed to nurse as often as he indicates the need. The milk-ejection reflex operates most strongly in the presence of a good supply of milk, which normally occurs when feeding on baby's cue.
A mother only needs to nurse four to six times a day to maintain a good milk supply.	Research shows that when a mother breastfeeds early and often, an average of 9.9 times a day in the first two weeks, her milk production is greater, her infant gains more weight, and she continues breastfeeding for a longer period. Milk production has been shown to be related to feeding frequency, and milk supply declines when feedings are infrequent or restricted.
Babies get all the milk they need in the first five to ten minutes of nursing.	While many older babies can take in the majority of their milk in the first five to ten minutes, this cannot be generalized to all babies. Newborns, who are learning to nurse and are not always efficient at sucking, often need much longer to feed. The ability to take in milk is also subject to the mother's let-down response. While many mothers may let down immediately, some may not. Some may eject their milk in small batches several times during a nursing session. Rather than guess, it is best to allow baby to suck until he shows signs of satiety such as self-detachment and relaxed hands and arms.
A breastfeeding mother should space her feedings so that her breasts will have time to refill.	Every baby/mother dyad is unique. A lactating mother's body is always making milk. Her breasts function in part as "storage tank", some holding more than others. The emptier the breast, the faster the body makes milk to replace it, the fuller the breast, the more production of milk slows down. If a mother consistently waits until her breasts "fill up" before she nurses, her body may get the message that it is making too much and may reduce total production.
Babies need only six to eight feedings a day by eight weeks of age, five to six feedings a day by three months, no more than four or five feedings a day by six months of age.	A breastfed baby's frequency of feeding will vary according to the mother's milk supply and storage capacity, as well as the baby's developmental needs. Growth spurts and illnesses can temporarily change a baby's feeding patterns. Studies show that breastfeeding babies fed on cue will settle into a pattern that suits their own unique situation. In addition, the caloric intake of a breastfed baby increases toward the end of the feeding, so putting arbitrary limits on the frequency or duration of feedings may lead to inadequate caloric intake.
Breastfed babies and formula fed babies will eat with the same frequency.	Breastfed babies have faster gastric emptying times than formula-fed babies – approximately 1.5 hours versus up to 4 hours – due to the smaller size of protein molecules in human milk. While intake quantity is one factor determining feeding frequency, the type of milk is equally important. Studies confirm that human babies were intended to feed frequently and have done so throughout most of history.
Never wake a sleeping baby.	While most babies will indicate when they need to eat, babies in the newborn period may not wake often enough on their own and should be awakened if necessary to eat at least eight times a day. Infrequent waking to feed can be caused by labor drugs, maternal medications, jaundice, trauma, pacifiers and or/shutdown behavior after delayed response to feeding cues.
The baby needs to learn to feed on a schedule.	Babies are uniquely wired from birth to feed, sleep and have periods of wakefulness. This is not disorganized behavior but reflects the unique needs of newborn infants. Over time, babies naturally adapt to the rhythm of life in their new environment and don't require prompting or training.

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MYTH	FACT
Breastfeeding mothers must always use both breasts at each feeding.	It is more important to let baby finish the first breast first, even if that means that he doesn't take the second breast at the same feeding. Hindmilk is accessed gradually as the breast is drained. Some babies, if switched prematurely to the second breast, may fill up on lower-calorie foremilk from both breasts rather than obtaining the normal balance of foremilk and hindmilk, resulting in infant dissatisfaction and poor weight gain. In the early weeks, many mothers offer both breasts at each feeding to help establish the milk supply.
If a baby isn't gaining weight well, it may be due to the low quality of the mother's milk.	Studies have shown that even malnourished women are able to produce milk of sufficient quality and quantity to support a growing infant. Most cases of low weight gain are related to insufficient milk intake or an underlying health problem in the baby.
Poor milk supply is usually caused by stress, fatigue and or/ inadequate fluids and food intake.	The most common causes of milk supply problems are infrequent feedings and/or poor latch-on and positioning; both are usually due to inadequate information provided to the breastfeeding mother. Suckling problems on the infant's part can also impact milk supply negatively. Stress, fatigue or malnutrition are rarely causes of milk supply failure because the body has highly developed survival mechanisms to protect the nursing baby during times of scarce food supply.
A mother must drink milk to make milk.	A healthy diet of vegetables, fruits, grains and proteins is all that a mother needs to provide the proper nutrients to produce milk. Calcium can be obtained from a variety of nondairy foods such as dark green vegetables, seeds, nuts and bony fish. No other mammal drinks milk to make milk.
Non-nutritive sucking has no scientific basis.	Experienced breastfeeding mothers learn that the sucking patterns and needs of babies vary. While some infants' sucking needs are met primarily during feedings, other babies may need additional sucking at the breast soon after a feeding even though they are not really hungry. Babies may also nurse when they are lonely, frightened or in pain.
The mother should not be a pacifier for the baby	Comforting and meeting sucking needs at the breast is nature's original design. Pacifiers are literally a substitute for the mother when she can't be available. Other reasons to pacify a baby primarily at the breast include superior oral-facial development, prolonged lactational amenorrhea, avoidance of nipple confusion, and stimulation of an adequate milk supply to ensure higher rates of breastfeeding success.
There is no such thing as nipple confusion.	Breast and bottle feeding require different oral-motor skills, and rubber nipples provide a type of "super stimulus" that babies may imprint upon instead of the softer breast. As a result, some babies develop suck confusion and apply inappropriate sucking techniques to the breast when they switch between breast and bottle.
Frequent nursing can lead to postpartum depression.	Postpartum depression is believed to be caused by fluctuating hormones after birth and may be exacerbated by fatigue and lack of social support, though it mostly occurs in women who have a history of mental health problems prior to pregnancy.
Feeding on baby's cue does not enhance maternal bonding behavior.	The responsive parenting of cue feeding brings mother and baby into synchronization, leading to enhanced bonding.

## Helping Mothers Choose, Initiate and Continue Breastfeeding – A Three Part Series RESOURCE Guide

### Glossary

**Baby-Friendly Hospital** – a designation given to encourage and recognize hospitals that offer an optimal level of care for infant feeding and mother/baby bonding. Baby-friendly hospitals do not accept free or low cost breast milk substitutes and implement steps to support successful breastfeeding.

(Source: <https://www.babyfriendlyusa.org/>).

**Baby Blues** – Many women have baby blues after childbirth. Symptoms of baby blues include mood swings, sadness, anxiety, loss of appetite, insomnia, and crying spells. The symptoms most often go away within a few days or a week. The symptoms are not severe and do not need treatment.

(Source: <http://www.nlm.nih.gov/medlineplus/postpartumdepression.html>).

**Breastfeeding Peer Counselor** – a WIC mother who has breastfed her own baby. She is trained to provide basic breastfeeding information and support to pregnant women and breastfeeding mothers. (Source: <https://www.fns.usda.gov/wic/breastfeeding-priority-wic-program>).

**Colostrum** – the thick first milk that is made during pregnancy and just after birth. Colostrum is rich in nutrients and probiotics and includes antibodies to protect the baby from infections.

(Source: <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>).

**Engorgement** – painful overfilling of the breasts with milk. It is usually caused by an imbalance between milk supply and infant demand. This condition is a common reason that mothers stop breastfeeding sooner than they had planned.

(Source: <http://www.webmd.com/parenting/baby/tc/breast-engorgement-overview>).

**Jaundice** – a common condition in newborn babies. It appears within a few days of birth and makes a baby's skin look yellow. Jaundice occurs when the chemical bilirubin, which is found in everyone's blood and removed by the liver, builds up. Most cases of newborn jaundice are mild and go away on their own. However, in rare cases bilirubin can increase quickly – leading to brain damage. To prevent this, the AAP recommends that newborns are screened for jaundice and its risk factors before they leave the hospital. The guidelines also suggest a follow-up visit when a baby is three to five days old, when bilirubin levels peak. Frequent breastfeeding in the first few days of life is also recommended. Frequent feedings help pass the excess bilirubin in the stools, which could become loose and green as a result. If a parent is concerned about jaundice, they should talk with the infant's health care provider.

(Source: <https://www.aap.org/en-us/about-the-aap/aap-press-room/aap-press-room-media-center/Pages/Managing-Newborn-Jaundice.aspx>).

**Lactation Consultant** – a professional breastfeeding specialist. Lactation consultants may work in hospitals, physician or midwife practices, public health programs or private practice.

(Source: [https://en.wikipedia.org/wiki/Lactation\\_consultant](https://en.wikipedia.org/wiki/Lactation_consultant)).

**Latch** – a term used to describe the way the baby attaches to the mother's breast. How the baby latches can determine how successful the mother and baby will be at breastfeeding. A proper latch will deliver breast milk to the baby and prevent common problems of breastfeeding such as sore nipples, engorgement, plugged ducts, and mastitis.

(Source: <http://breastfeeding.about.com/od/allaboutthebaby/fl/What-Is-A-Breastfeeding-Latch.htm>).

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### Glossary (continued)

**Mastitis** - inflammation or swelling of the breast alone, or along with an infection. It is a common problem of breastfeeding, occurring in approximately 20% of lactating women. It is more likely to happen in the first six weeks after the birth of the baby, but it can appear at any time while a woman is breastfeeding. A woman who has symptoms of mastitis should be referred to her health care professional.

(Source: <http://breastfeeding.about.com/od/CommonProblems/a/Mastitis.htm>).

**Oxytocin** – a hormone that helps breastmilk flow and can calm the mother.

(Source: <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>).

**Plugged Milk Duct** – hard, tender lumps that form in the narrow milk ducts and block the flow of milk. They can cause redness, swelling and pain in the area that is blocked.

(Source: <http://breastfeeding.about.com/od/CommonProblems/a/Plugged-Milk-Ducts.htm>).

**Postpartum Depression** – severe, long-lasting form of depression that may occur in women soon after giving birth. Symptoms include sadness and hopelessness. The mother may lose interest in the baby. It can begin anytime within the first year after childbirth. A new mother who has any symptoms of postpartum depression should be referred to her doctor right away to get help.

(Source: <http://www.nlm.nih.gov/medlineplus/ency/article/007215.htm>).

**Sore Nipples** – during the first few days of breastfeeding, it's common to experience mild nipple soreness or tenderness when the baby first latches on. This tenderness should not last through the entire feeding, and it shouldn't persist for more than a few days. Very painful, cracked or bleeding nipples are not normal, and indicate that something isn't right. Causes include an incorrect latch, breast engorgement, mastitis or other things. A woman with sore nipples should be referred to a breastfeeding peer counselor or lactation consultant.

(Source: <http://breastfeeding.about.com/od/CommonProblems/a/Sore-Nipples.htm>).

**Weaning** – the process of replacing breastfeeding with solid foods. The American Academy of Pediatrics recommends breastfeeding exclusively for six months and continue to supplement with breastmilk until 12 months of age or longer if desired.

(Source: <https://healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Weaning-Your-Baby.aspx>).