

Breastfeeding Pocket Guide



Breastfeeding provides unique health benefits to the person who is breastfeeding and their infant. Health care providers and staff can play a critical role in promoting exclusive breastfeeding and increasing duration of breastfeeding.

Your counseling and support efforts should start while the patient is pregnant, and continue through the neonatal period and beyond.

This pocket guide has been developed to support you in this effort.

During Prenatal Care:

As recommended by the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists, encourage people who are pregnant to breastfeed exclusively for six months.

What you say to people who are pregnant and their families makes a difference. If you recommend exclusive breastfeeding, people who are pregnant may want to breastfeed for longer periods of time.

Let people who are breastfeeding know:

- “Breast milk helps give your baby protection against diseases, which they would not get with formula only.”
- “The longer you breastfeed your baby, the better. Every bit of breast milk your baby gets is important. It also helps you to reduce weight gained during pregnancy and lower your risk for some cancers.”
- “It might be a little hard at first, but it gets easier. It benefits your baby for the rest of your baby’s life.”
- “Most people who are pregnant can breastfeed. Your body will make enough milk to provide all the food your baby needs for the first six months of life.”

People Can Breastfeed if They:

- **Have cesarean deliveries (C-section)**
Initiate breastfeeding immediately, using a semirecumbent position on the side or sitting up.
- **Take medications**
Most medications can be taken while breastfeeding. Consult product prescribing information and the LactMed Database about specific drugs: toxnet.nlm.nih.gov.
- **Have had breast surgery (including breast augmentation or reduction)**
 - Augmentation mammoplasty: Breastfeed frequently to maintain milk supply.
 - Breast reduction: Monitor infant growth since milk supply could be insufficient.
 - Breast biopsy involving an areolar incision: People who are pregnant can compensate by augmenting production in the unaffected breast, but monitor infant growth since milk supply may be insufficient.
- **Have hepatitis A**
Initiate breastfeeding after infant receives immune serum globulin and then vaccinate at 1 year of age.
- **Have hepatitis B**
Initiate breastfeeding after infant receives hepatitis B immune globulin and first dose of the three-dose hepatitis B vaccine series.
- **Have hepatitis C**
Hepatitis C is not a contraindication for breastfeeding, but reconsider if nipples are cracked or bleeding.
- **Have pierced nipples**
Remove nipple accessories before feeding to avoid the risk of infant choking.
- **Have an occasional alcoholic drink**
Avoid breastfeeding for two hours after the drink.
- **Smoke**
Counsel parents about smoking cessation and to avoid exposing infants to secondhand smoke.

People Cannot Breastfeed if They:

- **Are infected with HIV**
- **Are infected with Human T-cell Lymphotropic Virus (HTLV), Type I or II**
- **Use drugs, such as cannabis (marijuana), cocaine, methamphetamine and so on.**
- **Are receiving cancer chemotherapy agents, radioactive isotopes or thyrotoxic agents**
- **Have active herpes lesion(s) on the breast (shingles, chickenpox)**
- **Have untreated chickenpox**
- **Have an infant with galactosemia**

Note: In people who breastfeed whose infant has known or suspected G6PD deficiency: While this is not an absolute contraindication for breastfeeding, people who breastfeed should not ingest fava beans or medications such as nitrofurantoin, primaquine phosphate or phenazopyridine hydrochloride, which are known to induce hemolysis in deficient individuals.



At the Hospital:

Provide leadership in breastfeeding support from delivery through discharge.

Obstetrics Providers:

• Upon arrival to labor and delivery:

- Verify HIV status is known at labor (mandate rapid test if not known).
- Check if maternal medications are compatible with breastfeeding by consulting product prescribing information and the LactMed Database about specific drugs: ncbi.nlm.nih.gov/books/NBK501922/.

• Support early latch:

- Place baby in skin-to-skin contact with the person who is breastfeeding immediately after delivery and through the first successful breastfeed. For parents who will formula feed, place baby in skin-to-skin contact for at least one hour immediately after delivery.
- Ask pediatric team and nursing to minimize medical assessment and interventions for healthy infants until first feeding is attempted.
- Counsel parents to avoid pacifiers and formula supplementation.

• Support continued on-demand feeds:

- Encourage rooming-in so on-demand feeds are easier. Inform the person who is breastfeeding that on-demand feeds will improve milk flow and supply: “In the first few weeks, you will find the more often the baby breastfeeds, the better the flow of milk.”
- When maternal procedures are indicated, schedule them after breastfeeding or arrange for use of hospital electric pump prior to procedure if the person who is breastfeeding will be off the floor for more than two hours.

Pediatrics Providers:

• Support early latch:

- Support immediate and continued skin-to-skin contact with the person who gave birth immediately after delivery.
- Vitamin K administration can safely be given within six hours of birth and should not delay the first breastfeeding opportunity.

• Optimize breastfeeding in the nursery:

- Order “exclusive breastfeeding with no supplementation except vitamin D” unless there are true contraindications.
- Prescribe vitamin D 400 international units (IU) oral drops by mouth once per day.
- Ask the nurse or lactation consultant to see the person who is breastfeeding as soon as possible for support.
- Describe colostrum and its benefits:
“It does not look like milk, but it will satisfy the baby, give special protection, and provide all the nutrients and fluid your baby needs the first few days after birth.”
- Support rooming-in so on-demand feeds are easier. Inform the person who is breastfeeding that on-demand feeds will improve flow and supply:
“In the first few weeks, you will find the more often the baby breastfeeds, the better the flow of milk.”
- Counsel parents to avoid pacifiers and formula supplementation unless medically indicated.

• Discharge planning:

- Make certain that the three-to-five-day outpatient visit is scheduled for early breastfeeding follow-up.
- Provide contact information for breastfeeding support upon discharge.
- If parents take formula samples, they can contact the resources on the back of this brochure with questions.

After Discharge From Maternity or Newborn Nursery

During Postpartum or Maternal Care Visit: Continue to encourage and support.

- Ask about breastfeeding duration and success.
- Advocate for exclusive breastfeeding for the first six months.
- Be prepared to refer to specific lactation specialists or community resources when needed.

During the Three-to-Five-Day Pediatric Visit: Assess, prescribe vitamin D and plan ahead.

- Be sure to initiate a conversation with the patient. Suggested conversation starters include:
 - “How is your milk flowing?”
 - “Is the baby latching on well?”
 - “Do you have any concerns about your breasts or how breastfeeding is going?”

Medications That Are Safe for People Who Are Breastfeeding

Anti-hypertensives	Anti-infectives	Diabetes medications	Analgesics
Methyldopa (Aldomet)	Clindamycin	Insulin	Morphine and derivatives
Labetalol	Ampicillin-sulbactam (Unasyn)	Glyburide (infant's glucose may be monitored, but adverse effects are rare)	Acetaminophen
Nifedipine (Procardia)	Fluconazole Gentamicin	Metformin	Ibuprofen

Consult product prescribing information and the LactMed Database about specific drugs: ncbi.nlm.nih.gov/sites/books/NBK501922/.

- Ideally, observe breastfeeding and look for signs of how breastfeeding is going.

Signs Breastfeeding Is Going Well

- Infant latches onto areola, not just nipple
- Infant suckles using jaw, not just lips
- Infant makes swallowing sound
- Infant can latch on both breasts

Signs Breastfeeding Is Not Going Well

- Greater than or equal to 10% infant weight loss from birth weight at three-to-five-day pediatric visit
- Infrequent wet or soiled diapers (fewer than three to four urine diapers every 24 hours, fewer than three to four stools every 24 hours)
- Nipples of the person who is breastfeeding are red, cracked (likely due to latch issue)

If there are signs breastfeeding is not going well, intervene as necessary (for example, provide telephone and in-office support, refer the person who is breastfeeding to a lactation consultant or support group). In addition:

- Reinforce on-demand feeds – and no supplementation – to increase milk supply.
- Remind the person who is breastfeeding to stay hydrated whenever breastfeeding the baby.
- Discuss the benefits of prolonged breastfeeding for the first six months, and explore barriers and solutions.

At Any Visit:

Verify success, anticipate challenges and support prolonged breastfeeding.

- Remind parents to give the baby 400 IU of oral vitamin D drops daily until at least 1 liter or 1 quart of formula or whole milk is given daily.
- Refer the person who is breastfeeding to a lactation consultant or support group whenever needed. Keep referral information in each exam room.
- Discuss return-to-work plans and breast pump options. Hospital-grade personal electric pumps are available through some Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) programs and via insurance in select circumstances.
- Fluoride supplements are not indicated in New York City.

Select Coding Options For Breastfeeding Encounters

Slow feeding, newborn	P92.2
Difficulty feeding at breast, neonate	P92.5
Feeding problem, newborn, unspecified	P92.9
Neonatal jaundice, unspecified	P59.9
Abnormal weight loss	R63.4
Excessive crying, infant	R68.11
Nipple infection, lactation	O91.03
Nonpurulent mastitis, lactation	O91.23
Cracked nipple, lactation	O92.13
Care/exam, person who is lactating	Z39.1
Follow-up exam after treating condition other than malignant neoplasm	Z09

Source: aap.org/breastfeeding/files/pdf/coding.pdf

Breastfeeding – Key Points

- Babies should be fed on demand which means whenever showing early signs of hunger, such as increased alertness, physical activity, mouthing or rooting, or at least 10 to 12 feedings at breast every 24 hours.
- In the early weeks after birth, infants who are not demanding should be awakened to feed if four hours have elapsed since the beginning of the last feeding.

Breastfeeding technique:

- Both breasts should be offered at each feeding for as long a period as the infant remains at the breast. The first breast offered should be alternated with each feeding, so that both breasts receive equal stimulation and draining.

Nutritional guidelines:

- Water and juice are unnecessary for infants who are breastfed and may introduce contaminants or allergens.
- Supplements (water, glucose water, formula and other fluids) should not be given to newborns who are breastfeeding unless medically indicated.
- All infants who are breastfed should receive 400 IU of oral vitamin D drops daily beginning in the first few days after birth and continuing until the daily consumption of vitamin D-fortified formula milk is at least 1 liter or 1 quart per day.
- Complementary foods rich in iron should be introduced gradually beginning around 6 months of age.

Resources

New York City Department of Health and Mental Hygiene

- To contact the Women's Healthline, call **311**.
- Nurse-Family Partnership provides breastfeeding education and support for people who are pregnant. Patients must be enrolled before their 28th week of pregnancy. For more information, visit **nyc.gov/health/nfp** or call **311**.
- Newborn Home Visiting Initiative provides breastfeeding support in the first few days to weeks after birth. For more information, visit **nyc.gov/health** and search for **newborn home visiting**, or call **311** or your neighborhood office:
North or Central Brooklyn: 646-253-5700
South Bronx: 718-579-2878
East or Central Harlem: 212-360-5942

Women, Infants and Children (WIC)

Growing Up Healthy Hotline: 800-522-5006

health.state.ny.us/prevention/nutrition/wic/

U. S. Department of Health and Human Services

Office on Women's Health breastfeeding help line:
800-994-9662

womenshealth.gov/breastfeeding

New York Lactation Consultant Association (NYLCA) **nylca.org**

La Leche League

800-LALECHE (800-525-3243)

lalli.org

Always use noncommercial
breastfeeding materials in your office.