drugs:

Consult product prescribing information and the LactMed Database about specific medications:

- Nifedipine (Procardia)
- Labetalol
- Ampicillin (Unasyn)
- Sulbactam
- Clindamycin
- Gentamicin
- Fluconazole
- Metformin
- Ibuprofen
- Insulin
- Morphine

Medications That Are Safe for People Who Are Breastfeeding:

- Glyburide

After Discharge From Maternity or Newborn Nursery Breastfeeding – Key Points

- Infrequent wet or soiled diapers (fewer than three to four per 24 hours)
- Greater than or equal to 10% infant weight loss from birth weight at three-to-five day pediatric visit
- Infant makes swallowing sound
- Infant latches onto areola, not just nipple
- Infrequent bowel movements
- Weight gain every 24 hours
- Over the course of six months

Suggested conversation starters include:

- “Do you have any concerns about your breasts or nipples?”
- “Is the baby latching on well?”
- “How is your milk flowing?”
- “How is the baby doing?”
- “Does the baby fall asleep in the early weeks?”
- “How’s the food at home?”
- “Are you getting enough rest?”
- “How’s the feeding going?”
- “What’s your breastfeeding support like?”
- “Is the infant getting plenty of wet and soiled diapers?”
- “When was the last feeding?”

Breastfeeding Technique:

 Longer feeds are better. Babies should be fed on demand which means being fed whenever showing early signs of hunger, such as increased alertness, physical activity, mouthing or rooting.

Breastfeeding to a lactation consultant or support programs and via insurance in select circumstances.

Nutritional guidelines:

- Hospital-grade personal electric pumps are available.
- 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.
- Babies should be fed on demand which means being fed whenever showing early signs of hunger, such as increased alertness, physical activity, mouthing or rooting.
- Infrequent bowel movements
- Over the course of six months

Infrequent bowel movements

- Weight gain every 24 hours
- Over the course of six months

Supplements (water, glucose water, formula and other fluids) should not be given to newborns who are breastfed and may introduce contaminants or allergens.

For Breastfeeding Encounters

Select Coding Options

- Code for the examination
- Code for additional services
- Code for other than malignant neoplasm
- Code for acute conditions
- Code for follow-up exam after treating condition
- Code for follow-up exam after treating condition

Source:

- aap.org/breastfeeding/fles/pdf/coding.pdf
- illi.org
- laleche.org
- nylca.org
- womenshealth.gov/breastfeeding
- 800-LALECHE (800-525-3243)
- 800-994-9662
- Ofce on Women’s Health breastfeeding help line:

- Growing Up Healthy Hotline: 800-522-5006
- Women, Infants and Children (WIC)
- Growing Up Healthy Hotline: 800-522-5006
- Newborn Home Visiting Initiative provides breastfeeding support in the first few days to weeks after birth. For more information, visit health.state.ny.us/prevention/nutrition/wic/
- Nurse-Family Partnership provides breastfeeding support in the first few days to weeks after birth. For more information, visit nyc.gov/health/nfp
- Patients must be enrolled before their 28th week of pregnancy. For more information, visit womenshealth.gov/breastfeeding
- American Academy of Pediatrics breastfeeding help hotline: 888-283-4460
- La Leche League
- Ofce on Women’s Health breastfeeding help line:

- Growing Up Healthy Hotline: 800-522-5006
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 as 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."

Breastfeeding provides unique and staff can play a critical role in promoting exclusive breastfeeding.

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- • Health care providers should start while
- • the duration of breastfeeding.
- • Efforts should start while
- • continue through the neonatal period.
- • The role in promoting exclusive breastfeeding while
- • breastfeed exclusively for six months.
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People Can Breastfeed if They:

- Have cesarean deliveries (C-section)
- Initiate breastfeeding immediately, using a semi-recumbent position on the side or sitting up.
- Take medications:
  - Have had breast surgery (including breast augmentation or reduction):
    - Augmentation mammoplasty: breastfeeding frequently maintains milk supply.
    - Breast reduction: Monitor infant growth since milk supply could be insufficient.
  - Breast Injury: Avoid breastfeeding until scar tissue is healed.
- Avoid breastfeeding for two hours after the drink.

People Can't Breastfeed if They:

- Are infected with HIV
- Are infected with Human T-cell Lymphotropic Virus (HTLV), Type I or II
- Use drugs, such as cocaine (marijuana), cocaine, methamphetamine and so on.
- Are receiving cancer chemotherapy agents, radioactive isotopes or Thyroidic agents.
- Have active hepatitis cases on the breast (shingles, chickenpox).
- Have untreated chickenpox
- 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.

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  - Counsel parents about smoking cessation and to avoid exposing infants to secondhand smoke.

Breastfeeding provides unique health benefits to the person who is breastfeeding and their infant. Health care providers can play a critical role in promoting exclusive breastfeeding. Infants who are breastfeeding are at reduced risk of infection, against diseases, which they would not get with formula only. “Most people who are pregnant can breastfeed. Your counseling and support efforts should start while the patient is pregnant, and your education and support continue through the neonatal period. Health care providers must ensure that the patient is given education about the benefits and mechanics of breastfeeding. People who are breastfeeding may want to stop breastfeeding, people who are pregnant may want to start breastfeeding, people who are pregnant may want to continue breastfeeding, people who are pregnant may want to breastfeed for longer periods of time.

Breastfeeding is the optimal feeding method for infants. Breastfeeding provides the following benefits:

- It promotes the health and well-being of the mother and infant.
- It reduces the risk of infection and disease in the infant.
- It promotes emotional and social development in the infant.
- It is the most cost-effective method of feeding an infant.
- It is the most convenient method of feeding an infant.
- It is the most nutritious method of feeding an infant.
- It is the most environmentally friendly method of feeding an infant.
- It is the easiest method of feeding an infant.
- It is the most rewarding method of feeding an infant.

During Prenatal Care:

- Encourage people who are pregnant to breastfeed
- Contact families makes a difference. If you recommend exclusive breastfeeding, people who are pregnant may want to breastfeed and increase their chances of success.
- Breastfeeding provides unique health benefits to the person who is breastfeeding and their infant. Health care providers can play a critical role in promoting exclusive breastfeeding. Infants who are breastfeeding are at reduced risk of infection, against diseases, which they would not get with formula only. “Most people who are pregnant can breastfeed. Your counseling and support efforts should start while the patient is pregnant, and your education and support continue through the neonatal period. Health care providers must ensure that the patient is given education about the benefits and mechanics of breastfeeding. People who are breastfeeding may want to stop breastfeeding, people who are pregnant may want to start breastfeeding, people who are pregnant may want to continue breastfeeding, people who are pregnant may want to breastfeed for longer periods of time.

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Provide leadership in breastfeeding support from delivery through discharge. Support continued on-demand feeds:

- Provide contact information for breastfeeding resources on the back of this brochure with questions.
- Make certain that the three-to-five-day outpatient visit is scheduled for early breastfeeding follow-up.
- Counsel parents to avoid pacifiers and formula supplementation except vitamin D” unless contraindication for breastfeeding, people who breastfeed should not ingest fava beans or medications such as nitrofurantoin, isotopes or thyrotoxic agents, which are known to induce hemolysis in defcient individuals.

Note: In people who breastfeed whose infant has known or suspected GDP deficiency: While this is not an absolute contraindication for breastfeeding, people who breastfeed should not ingest fava beans or medications such as nitrofurantoin, isotopes or thyrotoxic agents, which are known to induce hemolysis in defcient individuals.
Your counseling and support during the duration of breastfeeding will help you and your baby during breastfeeding and increasing the health benefits to the person who is breastfeeding and their family. It is critical for families to be prepared to support breastfeeding. The longer you breastfeed your baby, the better. Inform the person who is breastfeeding that it might be a little hard at first, but it gets easier.

As recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, a breastfeeding baby should not be supplemented with formula unless medically indicated. If breastfeeding is possible, it is the best food for the baby. Breastfed babies have fewer infections and diseases, they are less likely to be overweight, and research shows breastfed babies are less likely to develop diabetes, asthma, and allergies. Breast milk helps give your baby protection against diseases, which they would not get with formula. It also helps you to reduce weight gained during pregnancy and lower your risk for some cancers. Breastfeeding provides unique benefits to both the person who is breastfeeding and the baby. Health care providers who are breastfeeding and their families makes a difference. If you recommend exclusive breastfeeding, people who are pregnant may want to continue through the neonatal period and beyond.

Breastfeeding can be a difficult decision, and the patient is pregnant, and many women have questions about whether to breastfeed or not. The decision to breastfeed is an individual one. Breastfeeding is an important role in promoting exclusive breastfeeding, and staff can play a critical role in supporting breastfeeding. People who are breastfeeding and their families makes a difference. It is critical for families to be prepared to support breastfeeding. The longer you breastfeed your baby, the better. Inform the person who is breastfeeding that it might be a little hard at first, but it gets easier.

Breastfeeding is the natural way to feed your baby for the first six months of life. As recommended by the American Academy of Pediatrics, have your baby breastfeed exclusively for six months. In many cases, breastfeeding should continue for at least one year and beyond. Breastfeeding is recommended for up to two years or longer.

Academy of Pediatrics and the American College of Obstetricians and Gynecologists, a breastfeeding baby should not be supplemented with formula unless medically indicated. If breastfeeding is possible, it is the best food for the baby. Breastfed babies have fewer infections and diseases, they are less likely to be overweight, and research shows breastfed babies are less likely to develop diabetes, asthma, and allergies. Breast milk helps give your baby protection against diseases, which they would not get with formula. It also helps you to reduce weight gained during pregnancy and lower your risk for some cancers. Breastfeeding provides unique benefits to both the person who is breastfeeding and the baby. Health care providers who are breastfeeding and their families makes a difference. If you recommend exclusive breastfeeding, people who are pregnant may want to continue through the neonatal period and beyond.

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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 latchling on well?”
  • “Do you have any concerns about your breasts or how breastfeeding is going?”

After Discharge From Maternity or Newborn Nursery
• Discuss the benefits of extended breastfeeding.
  • “How is breastfeeding going for you?”
  • “Is the baby latching on well?”
  • “How is your milk flowing?”
  • “Do you have any concerns about your breasts or how breastfeeding is going?”

Frequent Feeding
• Infants 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.
• Infants can latch on both breasts
• Infant makes swallowing sound
• Infant latches onto areola, not just nipple
• Infant can latch on both breasts

Signs Breastfeeding Is Going Well
• Greater than or equal to 10% infant weight loss from birth weight at three to five-day pediatric visit
• Infant poops at least once every 24 hours (fewer than three to four stools per 24 hours)
• Infant urinates every 24 hours, fewer than three to four stools (likely due to latch issue)

Signs Breastfeeding Is Not Going Well
If there are signs breastfeeding is not going well, intervene as necessary (for example, provide telephone or 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 year 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.

Infant Feedings
• Successfully latched on both breasts:
  • Infants should latch on both breasts
  • Infant makes swallowing sound
  • Infant can latch on both breasts

Breastfeeding – Key Points
• Complementary foods rich in iron should be introduced gradually beginning around 6 months of age.
• All infants who are breastfed should receive 400 IU of 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 reached.
• Fluoride supplements are not indicated in New York City.
• Baby’s weight should be assessed at each visit.
• Follow-up exam after treating condition
• Select Coding Options

Select Coding Options For Breastfeeding Encounters
Low feeding, newborn P24.2
Difficulty feeding at breast, neonate P24.5
Feeding problem, newborn, unspecified P24.9
Neonatal jaundice, unspecified P35.9
Abnormal weight loss R63.4
Resuscitative efforts R64.11
Nipple infection, lactation O91.03
Nonpurulent mastitis, lactation O91.23
Slow feeding, newborn P92.2
Cracked nipple, lactation O92.13
Neonatal jaundice, unspecifed P59.9
Difculty feeding at breast, neonate P92.5
Drops daily until at least 1 liter or 1 quart of formula and search nyc.gov/health for more information, visit nyc.gov/health/nfp patients must be enrolled before their 28th week of pregnancy. Select Coding Options For Breastfeeding Encounters

Nutritional guidelines:
• 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.
• Infants can latch on both breasts
• Infant makes swallowing sound
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Fluoride supplements are not indicated in New York City.
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.
Consult product prescribing information and the LactMed Database about specific medications. Be sure to initiate a conversation with the patient. During the Three-to-Five-Day Pediatric Visit:

- Be prepared to refer to specific lactation specialists or community resources when needed.
- Ask about breastfeeding duration and success.

- *Procardia* (Nifedipine)
- *Aldomet* (Clindamycin, Insulin, Morphine and sulbactam)
- *Unasyn* (Gentamicin, Fluconazole, Metformin, Ibuprofen)
- *Glyburide* (likely due to latch issue)

### After Discharge From Maternity or Newborn Nursery

*Breastfeeding – Key Points*

- Discuss the benefits of prolonged breastfeeding.
- Remind the person who is breastfeeding to stay hydrated whenever breastfeeding the baby.
- Verifying success, anticipate challenges and 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: 718-579-2878
  - East or Central Harlem: 212-360-5942

#### 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/healthinfo 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:
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  - 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)
  - womenshealth.gov/breastfeeding
- Always use noncommercial breastfeeding materials in your office.

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**Breastfeeding Materials**

- **Nutritional guidelines:**
  - Both breasts should be offered at each feeding for as long as possible.
  - Baby should not be turned away from one breast.
  - For breastfeeding encounters, both breasts should be offered
  - Breastfeeding technique:
    - Baby should be positioned so that the areola is in the inferior and anterior aspects of the mouth.
    - Baby should consume 1 to 2 ounces per feeding every 24 hours.
    - Baby should have increased alertness, physical activity, mouthing or rooting, or at least 10 to 12 feedings at breast every 24 hours.

- **Feeding problem, newborn, unspecifed (P92.9)**
- **Abnormal weight loss (R63.4)**
- **Neonatal jaundice, unspecifed (P59.9)**
- **Nipple infection, lactation (O91.03)**
- **Mastitis, lactation (O91.23)**
- **Cracked nipple, lactation (O92.13)**

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**For Breastfeeding Encounters**

- **Cracked nipple, lactation**
- **Nonpurulent mastitis, lactation**
- **Nipple infection, lactation**
- **infant’s abnormal weight loss**
- **Feeding problem, newborn, unspecifed**
- **Difculty feeding at breast, neonate**
- **Slow feeding, newborn**
- **Trouble swallowing after breast feeding**
- **Nipples of the person who is breastfeeding are red, cracked or inflamed**
- **Infant makes swallowing sound**
- **Infant latches onto areola, not just nipple**
- **Infant suckles using jaw, not just lips**
- **Infant makes swallowing sound**
- **Greater than or equal to 10% infant weight loss from birth**
- **311**

**Community Resources**

- **Program for Women, Infants, and Children (WIC)**
  - through some Special Supplemental Nutrition
  - Hospital-grade personal electric pumps are available
  - La Leche League for breastfeeding support
  - New York Lactation Consultant Association (NYLCA)
  - American Academy of Pediatrics
  - U.S. Department of Health and Human Services
  - U.S. Department of Agriculture
  - Growing Up Healthy Hotline: 800-522-5006
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**La Leche League**
- 800-LALECHE (800-525-3243)
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**Notes**

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- For more information, visit nyc.gov/health and search for newborn home visiting, or call 311 or your neighborhood office:
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- **WIC**
  - 800-994-9662
  - womenshealth.gov/breastfeeding

- **WIC**
  - growinguphealthy.hotline@health.state.ny.us
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**Discharge planning**

- **Cracked nipple, lactation**
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