



A GUIDE TO
BREASTFEEDING
Your Newborn



CARSON TAHOE
— SINCE 1949 —



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CARSON TAHOE HEALTH IS

Baby-Friendly

AS THE REGION'S FIRST BABY-FRIENDLY® DESIGNATED HOSPITAL, CARSON TAHOE IS PROUD TO SUPPORT OPTIMAL OUTCOMES FOR YOU AND YOUR BABY.

Based on the “Ten Steps to Successful Breastfeeding,” the Baby-Friendly Hospital Initiative is an internationally recognized program that gives new moms the information, skills, and confidence to successfully breastfeed their babies. Carson Tahoe is dedicated to providing optimal infant care and supports immediate skin-to-skin contact after birth, responsive feeding, and a continuous rooming-in policy to promote bonding and ensure a happy birth experience. In cases where patients have a medical indication or have made an informed decision to use formula, the safe preparation and feeding of formula is provided.



Why Breastfeed?



BREASTFEEDING IS A POWERFUL WAY TO NURTURE YOUR BABY, AND IT OFFERS MANY HEALTH ADVANTAGES. THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND THE WORLD HEALTH ORGANIZATION (WHO) RECOMMEND EXCLUSIVE BREASTFEEDING FOR THE FIRST SIX MONTHS AND CONTINUED BREASTFEEDING WHILE ADDING IN FOODS UNTIL 1-2 YEARS OF AGE OR LONGER.

BENEFITS OF BREASTFEEDING FOR YOUR BABY

1. Breast milk protects from the start. The first milk you produce, called colostrum, is often referred to as liquid gold due to its deep yellow color and abundance of nutrients and antibodies. Your breasts begin producing colostrum during pregnancy. Colostrum provides all that your baby's body needs to grow.

2. Breast milk changes as your baby grows. Between the third and fifth day after birth, colostrum transitions into mature milk. This mature milk is the right combination of water, fat, protein, and carbohydrates that your baby needs. This milk may look thinner than colostrum, but it is still packed with vital nutrients and antibodies.

3. Breast milk is easier to digest. Breast milk is uniquely made for your baby's growing tummy. Easier to digest than formula, breast milk lowers the risk of constipation and colic.

4. Breast milk fights illness. Breast milk is made up of important antibodies, hormones, cells, and nutrients that can protect your baby from illness. This protection can change to meet your baby's unique needs. Scientific research suggests that breastfeeding can help your baby lower their risk for:

- » **Infectious diseases.** Breast milk can reduce the incidence and severity of many infectious diseases, including diarrhea, respiratory tract infection, ear infections, and necrotizing enterocolitis.
- » **Chronic diseases.** Breastfed babies have a lower risk of developing asthma, obesity, Type 1 and Type 2 diabetes, celiac disease, Crohn's disease, and ulcerative colitis.
- » **Neurodevelopment issues.** Breastfeeding can improve dental health and neurodevelopmental outcomes.

- » **SIDS (sudden infant death syndrome).** Breastfed infants can also have a lower risk for SIDS.

BENEFITS OF BREASTFEEDING FOR YOU

1. Breastfeeding can lower cancer risk. Research links breastfeeding to a lower risk of developing certain types of breast and ovarian cancers, high blood pressure, and Type 2 diabetes.

2. Breastfeeding can encourage bonding. The skin-to-skin contact during breastfeeding boosts the bonding hormone oxytocin, which is responsible for expressing milk. Thus, the physical contact during breastfeeding helps you feel calm and connected, and your baby feels warm and comforted.

3. Breastfeeding costs less money. Breast milk is always available, at the perfect temperature, and is FREE! Breastfed babies may also get sick less often, which potentially means missing fewer days of work.

BENEFITS OF BREASTFEEDING TO SOCIETY

1. Breastfeeding is better for the environment. Formula production creates a large environmental footprint due to production costs, transportation, and landfill use.

2. Breastfeeding can decrease healthcare costs. Breastfed infants require fewer doctor visits, prescriptions, and hospitalization. According to the Department of Health and Human Services (2011), if 90% of mothers in the US exclusively breastfeed for the recommended first 6 months of life, the US would save approximately \$13 billion a year in healthcare costs.

Skin-to-Skin Care

WHAT

Skin-to-skin care is the practice of placing your infant directly on your bare skin, chest to chest, right after delivery, and throughout the postpartum period.

WHY

Evidence indicates that initiation of skin-to-skin care immediately after delivery can decrease maternal stress levels and provide a calm environment for the infant to make a safe, easy transition to life outside the womb. Skin-to-skin care after delivery can also encourage early initiation of breastfeeding, which can lead to a more organized suckling pattern and more success overall with breastfeeding, even after cesarean deliveries. Skin-to-skin care immediately after birth is also shown to:

- » Stabilize body temperature
- » Stabilize blood glucose concentrations
- » Stabilize breathing and heart rate
- » Decrease crying
- » Decrease the sensation of pain
- » Reduce postpartum hemorrhage
- » Promote bonding and release feel-good hormones

WHO

Skin-to-skin care is recommended for all healthy term newborns, regardless of the feeding or delivery method. Skin-to-skin care is also highly recommended for birthing partners to practice, as it can encourage bonding and help populate your baby's microbiome. Unless there is a medical reason for separation, skin-to-skin care may be provided for all newborns.

WHERE

Skin-to-skin care can take place in the birthing room, operating room, recovery room, and nursery. You are encouraged to continue skin-to-skin care during your hospital stay and when you go home with your baby.

WHEN

Skin-to-skin care is initiated immediately after birth and continues for at least 1 hour, or until after the first feeding, also known as the Golden Hour. In the case of cesarean delivery, skin-to-skin care may be initiated in the operating room if you are stable and awake. If you are unable to experience skin-to-skin care immediately following a cesarean delivery, it may begin as soon as you are stable in the recovery room.

HOW

Skin-to-skin care is safely practiced when your newborn's chest is touching your chest, or another caregiver's chest, with their face easily exposed. The infant should be naked or wearing only a diaper to maximize contact with a warm blanket over you both.

SAFE SKIN-TO-SKIN CARE CHECKLIST

- » The person holding the baby is awake and alert.
- » The baby's shoulders and chest are facing the person holding them.
- » The baby's face is visible, and their head is turned to one side.
- » The baby's nose and mouth are not covered.
- » The baby's neck is straight, not bent, and the chin is slightly lifted. This is also called the "sniffing position."
- » The baby's legs are flexed.
- » The baby's back is covered with a blanket.
- » Staff in the delivery environment and in the postpartum unit at the hospital regularly monitor the baby and the caregiver. When the person holding the baby wants to sleep, the infant is placed on their back in the bassinet or with another support person who is awake and alert.





RESEARCH SHOWS THAT HAVING YOUR BABY IN THE ROOM WITH YOU 24 HOURS A DAY, FROM DELIVERY, IS THE BEST WAY FOR YOU AND YOUR BABY TO GET TO KNOW EACH OTHER BETTER. OUR GOAL AT CARSON TAHOE IS TO PROVIDE YOU WITH THE BEST OPPORTUNITY TO LEARN ABOUT YOUR BABY, SO YOU FEEL BETTER PREPARED TO CARE FOR THEM. THE AAP ALSO RECOMMENDS ROOM SHARING (NOT BED-SHARING) FOR THE FIRST 6 MONTHS OF YOUR BABY'S LIFE.

Rooming In with Baby

BENEFITS FOR YOU

- » Better quality sleep when you know that your baby is close by, and you can provide comfort when needed
- » Improved breastfeeding experience because you can better identify early hunger cues (rooting, sucking on tongue, hand, or fingers) and establish feeding patterns before being discharged from the hospital, which can lead to a better milk supply
- » Increased opportunity for skin-to-skin, bonding, and attachment
- » Increased confidence in caring for your baby because you have more opportunities to ask healthcare providers about newborn behaviors and proper care techniques

BENEFITS FOR YOUR BABY

- » Better quality sleep because your baby will develop a more regular sleep-wake cycle when they are near you
- » Improved breastfeeding experience because your baby can feed sooner, more frequently, and more efficiently
- » Decreased levels of stress hormones and more stable blood sugars when baby is close to you
- » Less crying and soothed more quickly
- » Decreased risk of SIDS by as much as 50%

✓ Baby's First Bath ✓

HERE ARE SEVEN REASONS WHY YOU MAY WANT TO DELAY THE FIRST BATH FOR AT LEAST 24 HOURS AFTER BIRTH.

1. Protection. Vernix caseosa is the white, creamy coating that covers your baby's skin during the last trimester of pregnancy. Vernix protects your baby's skin in the first few days of life if not washed off after birth.

2. Decreased risk of infection. Delaying your baby's first bath for at least 24 hours can decrease the risk of infection because vernix contains important antimicrobial properties, like an antigerm barrier, which can protect your baby's skin from harmful bacteria.

3. Better breastfeeding outcomes. Many studies have found that holding your baby skin-to-skin from birth, when amniotic fluid and vernix are still on your baby's skin, can lead to the successful establishment of breastfeeding.

4. Improved temperature control. During the first few hours after birth, your baby has to use energy to regulate their body temperature. Giving a bath soon after birth may make your baby too cold and lead to unnecessary interventions.

5. Stable blood sugars. Bathing your baby too soon after birth can be stressful for them. When stress levels increase, so do stress hormones, which can decrease your baby's blood sugar or make them too sleepy to breastfeed efficiently.

6. No need for baby lotion. Vernix is a natural skin moisturizer and helps keep your baby's skin hydrated.

7. Shared experience. Our mission is to support you and your family. By delaying the first bath until you are home with your baby, you can make the first bath a special, family-centered event.





Milk Production

HOW TO MAXIMIZE MILK PRODUCTION

Feed often and hand express after feeding for 5 minutes for the first 5 days. You can spoon-feed or finger-feed your expressed milk to your baby.

BENEFITS OF HAND EXPRESSION

One of the biggest pros of hand expression is the convenience. Unlike a pump, you don't need any special equipment or to be near an electrical outlet; you can hand express your milk anytime and anywhere you might need to. If you're away from your baby for longer than expected and starting to feel uncomfortably full, you can hand express for a few minutes just to take the edge off. Or, if you're trying to

build your pumped milk stash, you can hand express briefly after feedings to get a little extra milk without having to set up your breast pump.

Here are other ways hand expression can be helpful:

- » **It allows you to get more colostrum.** In the days after giving birth, if your baby is struggling to latch early on, hand expression is the best way to collect colostrum. Since this early milk is thick, sticky, and limited in volume, the small amount you might be able to pump will likely end up sticking to the sides of the pump bottle. By using your hands to express milk, you can feed it to your newborn from a spoon or syringe.
- » **It can help boost your supply.** If you're pumping in an

attempt to make more milk, hand expressing for a few minutes at the end of a pumping session can usually yield another half ounce to an ounce.

- » It can keep oversupply issues in check. Pumping can be a good way to relieve fullness, but doing it too much or for too long can end up encouraging your body to make more milk, which can lead to an even greater supply and potentially increase the risk for clogged ducts or mastitis (inflammation of breast tissue that sometimes involves an infection). Hand expression is a good alternative: Since it tends to remove less milk, it places less demand on your body to produce more.

HOW TO HAND EXPRESS

1. Get ready. Wash your hands well and use a clean cup or container to collect the milk. If you're collecting colostrum, a spoon will work.

2. Position your hands. Put your hand on one breast with your thumb and forefingers opposite each other around the outer edge of your areola, about an inch behind your nipple. Use your other hand to hold the cup, container, or spoon up to your nipple.

3. Compress and press. Compress your hand in towards your chest, gently pressing your thumb and forefinger together while pulling forward slightly (It should feel like a massage, not painful). Avoid letting your fingers slip down towards your nipple. As you release, milk should squirt or flow out. Repeat five or six times, rotating your thumb and fingers around your areola to get milk from around your breast.

4. Repeat on your other breast. Move to your other breast and do the same compress and press motion five or six times. Continue this sequence, alternating between your breasts. You can hand express for a few minutes if you're just trying to take the edge off full breasts. If you're hand expressing instead of pumping, try to go for 20 to 30 minutes, or until your breasts feel soft.

You can also watch a helpful video on hand expression at [FirstDroplets.com](https://www.firstdroplets.com).

TIPS TO PREVENT ENGORGEMENT

- » Begin feeding and hand expression soon after your baby is born.
- » Nurse based on feeding cues around the clock (when your baby shows signs of hunger, feed them). We recommend feeding at least 8 times in 24 hours.
- » Make sure your baby has a good latch.
- » Angle their mouth wide, lips flanged, chin touching the breast, with head, shoulder, and hip in a straight line.
- » Keep your baby alert and actively nursing throughout the feed by rubbing their back or their feet or playing with their arms, all of which can help keep them awake. You can also keep your baby in only a diaper during feeding time.
- » Do not skip feedings.
- » If your baby is not nursing well, hand express or pump regularly and frequently.

TIPS TO RELIEVE ENGORGEMENT (BREASTS FEEL LIKE THE TIP OF YOUR NOSE)

- » Try feeding your baby with optimal latch and position.
- » Apply warmth to breasts before feeding to soften the breast and help the let-down reflex.
- » Massage your breasts. When your baby is eating, massage your breast toward your baby using your fingertips and gentle strokes. If it isn't feeding time, lay on the couch or bed and massage toward your chest wall to help your body absorb the extra fluid.
- » Stand in the shower and let the warm water run over your breasts. Not only does this feel good, but it can also help move the milk out as you massage and soften your breasts.
- » If your doctor prescribed ibuprofen after delivery, this may help the swelling.
- » Apply cold compresses after feeding to decrease swelling and pain.
- » Try hand expression.
- » Remove milk regularly and effectively.
- » Hand express or pump for a few minutes to soften the breast so your baby can latch.
- » If your baby cannot empty your breast, you can use hand expression or a pump for a day or two to relieve discomfort.
- » If engorgement persists, call (775) 445-7249 for Carson Tahoe lactation support.





Feeding FAQS

HOW OFTEN SHOULD I FEED MY BABY?

Babies will tell you when they are hungry by showing hunger cues. Watch your baby, not the clock!

Hunger cues include:

- » Becoming more awake and alert
- » Licking, smacking, or sucking their lips
- » Bringing their hands to their mouth
- » Sucking on hands or fingers
- » Rooting (turning their head with mouth wide open)
- » Crying is usually a late hunger cue

If you keep skin-to-skin contact with your baby, you will notice hunger cues more readily and can offer the breast immediately. It can be hard for your baby to latch when they are crying.

Most babies will breastfeed 8-12 times every 24 hours. During growth spurts, your baby may breastfeed more often for a day or two.

WHAT ARE THE SIGNS OF A GOOD FEEDING?

- » Feeling a deep and strong pulling sensation without pain
- » Consistent sucking with only brief pauses
- » Easy latch

- » Hearing swallowing (more frequent swallows after the milk has fully come in)
- » Vigorous sucking at the breast
- » Breasts are softer to the touch after feeding
- » Seeing milk in the baby's mouth
- » Feeling a let-down reflex or seeing changes in the baby's feeding rhythm
- » Adequate wet and stool diapers
- » Minimal weight loss in the first few days
- » Regaining of weight by 2 weeks of age and continued weight gain daily

MY BABY IS NOT HAPPY UNLESS THEY ARE AT MY BREAST. IS THERE ANYTHING ELSE I CAN DO TO SOOTHE MY BABY?

Your baby simply does not like being away from you and the breast. They find comfort and security there as well as food. Nighttime is especially hard at first. We know that nighttime milk is different from daytime milk and helps your baby's brain learn how to sleep. Nighttime feedings ensure your baby receives enough calories and fat for weight gain and brain growth.

I'M WORRIED THAT I DON'T HAVE ENOUGH BREAST MILK AND THAT MY BABY WILL BE HUNGRY. HOW DO I KNOW I'M PRODUCING ENOUGH MILK?

For the first few days after birth, your breasts will be producing colostrum for your baby. This special yellowish color milk provides the essential nutrients your baby needs to help prepare the lining of their gut for more mature milk. It plays a very important role in the development of your baby's immune system. It is normal to produce only small amounts of colostrum, about 40-50 ml (1.3-1.6 oz), in the first 2-3 days of your newborn's life. Your baby's stomach is small and holds approximately one teaspoon (5 ml) on day one and one ounce (30 ml) by day 3.

WHAT ARE THE WARNING SIGNS OF BREASTFEEDING PROBLEMS?

- » Your baby's nursing sessions are very short or extremely long.
- » Your baby still seems hungry after most feedings.
- » Your newborn frequently misses nursing sessions or sleeps through the night.
- » You don't hear frequent swallowing when your baby nurses and your milk supply has fully come in.
- » By 2 weeks of age, your baby is under their birth weight and hasn't started gaining 5-7 ounces per week since your milk came in.
- » After 7 days, your baby has less than 6 wet diapers and less than 4 stools per day. Urine is dark or speckled with red spots, or stool is still dark rather than yellow and loose.
- » After 5 days, your breasts don't feel as though they are filling with milk.
- » You experience severe breast engorgement.
- » The fullness and hardness of your breasts does not decrease at the end of a feeding.
- » Severe pain with breastfeeding.
- » After 2 weeks, you do not notice a let-down or visual cues in your baby's feeding.

Reach out to your baby's pediatrician or your OB physician right away if you experience difficulty with breastfeeding at home and request a referral to lactation support.

IT SEEMS LIKE MY BABY IS CONSTANTLY FEEDING. HOW DO I KNOW MY BABY IS GETTING ENOUGH MILK?

Newborns need to be fed frequently. Your baby will likely feed 8-12 times in a 24-hour period. Your baby may also feed more frequently than usual over a few hours, also known as

cluster feedings, before settling in to sleep. This frequent nursing pattern plays an important role in the establishment of your milk supply. Around 3-5 days postpartum, your milk volume should increase to meet the growing needs of your baby. Some signs of a well-fed baby include:

- » Baby is nursing frequently, 8-12 times per 24-hour period, and seems content and relaxed after feeding.
- » Baby appears to be swallowing or gulping during breastfeeding sessions.
- » Baby's weight is anticipated to decrease some the first few days after birth; however, after an initial period of weight loss, baby should begin to gain about 5.5-8.5 ounces per week until 4 months of age.
- » Baby's urine output and bowel movement should increase each day (see chart). Call your pediatrician if your baby is not having enough wet and dirty diapers.

You should also hand express after feeds and feed the expressed milk back to your baby.

IT HURTS TO BREASTFEED. WHY ARE MY NIPPLES SORE?

Breastfeeding should be a pleasant experience for both you and your baby. In the first few days after birth, if you experience nipple pain, it may be a sign of improper positioning, latching, or sucking. An incorrect latch can occur when a baby does not grasp enough breast tissue and/or their tongue is positioned improperly. Correcting poor positioning or latch will often alleviate sore, cracked nipples and allow healing to begin.

Checklist for correct latch and position:

- » Your baby should be facing your breast, belly to belly with you.
- » Your nipple is at the level of your baby's nose, NOT directly in front of their mouth.
- » Compress your breast with fingers parallel to your baby's lips in a C or U shape. Think of how you hold a sandwich parallel to your lips before you take a bite.
- » Gently touch baby's nose and upper lip with the nipple and wait for them to open wide and tip their head back slightly.
- » Bring them to the breast swiftly when their mouth is wide open, making sure the lower jaw and chin touch the breast first. Bring your baby to your breast, NOT your breast to your baby.
- » Your nipple should be far back in the mouth, by the soft palate.
- » Continue to hold onto your compressed breast until baby has started sucking and seems to be latched correctly, then relax your fingers at the breast.

Baby's Age	# of Wet Diapers	# of Bowel Movements	Appearance of Bowel Movements
Day 1	1	1	Thick, tarry, black
Day 2	2	2	Thick, tarry, black
Day 3	3	3	Greenish, yellow
Day 4	4-5	3	Soft, yellowish
Day 5	5-6	3+	Loose, yellow, seedy

Type of Breast Milk	Storage Locations and Temperatures		
	Countertop (77 F or colder; room temperature)	Refrigerator (40 F)	Freezer (0 F or colder)
Freshly expressed or pumped	Up to 4 hours	Up to 4 hours	Within 6 months is best, but up to 12 months is acceptable
Thawed, previously frozen	1-2 hours	Up to 24 hours	Never refreeze breast milk after it's been thawed
Leftover from a bottle	Use within 2 hours after the baby is finished feeding		

HOW DO YOU TREAT SORE NIPPLES AFTER THE LATCH HAS BEEN CORRECTED?

- » Apply your expressed breast milk or purified lanolin to the nipple after each feeding.
- » Use breast shells to protect the nipples.
- » Double-check the latch at each feeding, looking for a wide mouth on the breast. If breastfeeding hurts, break the suction and re-latch your baby. Don't continue the feeding if it is painful.
- » Use hydrogel dressing to speed healing on your painful nipples.
- » Feed with short and frequent feeds.
- » Start feeds on the less painful side.
- » Rotate the position of the baby at each feeding.
- » If breasts are very full, hand express some milk, use reverse pressure softening, or use a breast pump until the breast is softened enough to latch.

PLEASE SEE A HEALTHCARE PROVIDER IF THE PROBLEMS DO NOT RESOLVE QUICKLY.

I AM RETURNING TO WORK SOON. HOW DO I CONTINUE TO BREASTFEED OR PROVIDE MILK FOR MY BABY AFTER I GO BACK TO WORK?

Maintaining your milk supply once you return to work is possible. If you are separated from your baby for many hours, you will need to hand express or pump your breasts to remove milk. Removing milk regularly tells your breasts that they should continue to make milk. You can then provide this milk for your baby's bottle to your daycare provider. Pumping about every 3 hours during a workday is common, and more often if your breasts feel full. Pump each breast. Follow pumping with hand expression to help maintain a better supply and remove even more milk for your baby than pumping alone. Check with your insurance company about obtaining a breast pump. Many insurance plans provide breast pumps.

CALL THE CARSON TAHOE BREASTFEEDING WARMLINE IF YOU HAVE ANY QUESTIONS ABOUT BREAST PUMPS AT (775) 445-7249.

YOU CAN ALSO GET HELP AND SUPPORT FOR BREASTFEEDING AND RETURNING TO WORK BY ATTENDING THE BREASTFEEDING SUPPORT GROUPS AT CARSON TAHOE.

BEFORE EXPRESSING OR PUMPING MILK, WHAT SHOULD I DO?

- » Wash your hands with soap and water.
- » Make sure the pump kit and tubing are clean. If tubing is moldy, replace immediately.
- » Clean pump dials, power switch, and countertops with a disinfectant wipe.

HOW DO I STORE BREAST MILK?

- » Use breast milk storage bags or clean, food-grade containers ready with tight-fitting lids. Do not store breast milk in disposable bottle liners or plastic bags that are not intended for storing breast milk.
- » Label milk with the date it was expressed.
- » Store milk in the back of the freezer or refrigerator.
- » Freeze milk in amounts of 2-4 ounces.
- » When freezing, leave an inch of space at the top of the container or bag since milk will expand as it freezes.
- » If you don't plan to use freshly expressed milk within 4 days, freeze it immediately.

HOW DO I THAW FROZEN BREAST MILK?

- Thaw the oldest milk first.
- You may thaw the milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.
- Never thaw milk in the microwave.
- Once thawed in the refrigerator, the milk must be used within 24 hours.
- Once thawed at room temperature or by warming, the milk must be used within 2 hours.

HOW DO I FEED MY BABY THAWED BREAST MILK?

- » Milk can be served cold, at room temperature, or warm.
- » Swirl the milk to mix any fat that may have separated.

HOW DO I CLEAN PUMP AND FEEDING PARTS?

- » Disassemble pump and feeding parts and wash them in a clean basin with soap and water.
- » Air-dry items and store them in a clean, protected area.
- » You can also sanitize pump and feeding parts by boiling them in water for 5 minutes after cleaning, steaming them in a microwave after cleaning, or cleaning them in the dishwasher using hot water and the heated drying cycle.



Safe SLEEP

Frequent skin-to-skin is encouraged in the early days, but if you become drowsy, swaddle your baby and place them in their crib. Here are some more tips for safe sleep:

- » Place your baby on their back for sleep. Research shows this position is safest.
- » Your baby should sleep on a firm sleep surface that does not incline.
- » Remove all toys, pillows, blankets, and bumpers from the crib.
- » You can swaddle your baby, but stop swaddling once they are able to roll.
- » If your baby falls asleep in a car seat, stroller, swing, or infant carrier, move them to their crib as soon as possible.
- » Babies should not sleep on a couch, armchair, or nursing pillow.
- » Give your baby a pacifier during naps and bedtime.
- » Keep your baby's bassinet or crib in your bedroom for at least the first six months.

A NOTE ABOUT BED-SHARING

Bed-sharing raises a baby's risk of injury or death. The risk is higher if:

- The baby is younger than 4 months
- The baby was born prematurely or at a low birth weight
- A person in the bed is a smoker
- A person in the bed took drugs that make it harder to wake up
- Someone in the bed drank alcohol
- Someone in the bed is not the baby's parent
- The surface is soft
- Pillows or blankets are on the bed

INFANTS WAKE UP FREQUENTLY. IT'S NORMAL AND TEMPORARY. TALK WITH YOUR CHILD'S PEDIATRICIAN ABOUT ANY CHALLENGES OR CONCERNS YOU HAVE.

Building a Network of Support



SUPPORT FROM FAMILY AND FRIENDS

It's important to talk to your partner, family members, and friends about how they can provide support while you're breastfeeding your baby. This can simply be an offering of encouragement when you are struggling with doubt; or physically helping during the night by changing, burping, or comforting your baby.

Your loved ones can also provide support by:

- » Holding and caring for your baby between feedings so you can rest
- » Making sure you have enough to eat and drink by preparing meals or getting groceries
- » Helping with cleaning, laundry, or necessary errands
- » Taking care of any other children and/or animals at home

BREASTFEEDING SUPPORT GROUPS

Being around others who are breastfeeding can be an amazing source of support. Spending time with them provides the opportunity to share similar struggles, tips, and encouragement. We recommend our free breastfeeding support groups:

Carson Tahoe Health Bristlecone Room

Monday 5:30 p.m. – 6:30 p.m.

Wednesday 10 a.m. – 11 a.m.

Minden Medical Center (Minden)

925 Ironwood Drive

2nd Floor Conference Room

Friday 10 a.m. – 11 a.m.

CARSON TAHOE HEALTH OUTPATIENT SUPPORT SERVICES FOR BREASTFEEDING

Although breastfeeding is a natural process, it is common to feel the need for more support after you have been discharged. If you want, or need, more support with breastfeeding once you've returned home, we offer the following outpatient support services:

- » 1:1 consultations with an international board-certified lactation consultant (IBCLC)
- » Warmline service for concerns or questions about breastfeeding (775) 445-7249



Pacifiers



At Carson Tahoe, along with the AAP and WHO, we are not recommending the absolute avoidance of pacifier use if you have chosen to breastfeed your baby. Part of our mission is to protect breastfeeding and ensure that you and your baby get off to a great start, which includes educating you on the importance of delaying the introduction of a pacifier until breastfeeding is well established.

Research shows that babies suck on a pacifier differently than suckling at the breast, which can often lead to an incorrect and painful latch. Therefore, to successfully establish breastfeeding during the first few days of life, a baby must be given frequent opportunities to breastfeed and learn to latch and suckle properly.

THE DOS AND DON'TS OF PACIFIER USE

DO wait 3–4 weeks, or until breastfeeding is well established, to introduce a pacifier. That means waiting until your baby is latching correctly and consistently, feeding 8–12 times in a 24-hour period, gaining weight appropriately, and your milk supply is well established.

DON'T introduce a pacifier if your baby is not feeding well or less than 8 times in a 24-hour period, or is having trouble gaining weight. Also, avoid introducing a pacifier if you have cracked, blistered, painful nipples or low milk supply.

DO offer a pacifier only after feedings or before sleep.

DON'T substitute a pacifier for a feeding. After approximately 10 minutes of non-nutritive sucking, a hormone is released into the gut and causes the feeling of fullness and sleepiness. This can lead to missed feedings and a decrease in milk supply.

DO keep it clean! Pacifier use is linked to a higher incidence of ear infections. Frequently place it in boiling water or the dishwasher to sanitize.

DON'T force it! If your baby isn't interested or if the pacifier falls out during sleep, don't force it back in.

DO be safe. Replace pacifiers often and inspect for any broken pieces. Never attach a pacifier to a strap long enough to get caught around your baby's neck.

Additional Resources



RECOMMENDED BREASTFEEDING WEBSITES

- » **First Droplets** <https://firstdroplets.com>
- » **Stanford Medicine Newborn Nursery**
<https://stan.md/38S8bXb>
- » **Breastfeeding USA** <https://breastfeedingusa.org>
- » **Global Health Media** <https://globalhealthmedia.org>
- » **Lactation Education Resources**
<https://www.lactationtraining.com>
- » **Kelly Mom** <https://kellymom.com>
- » **Infant Risk Center** <https://infanrisk.com>
- » **La Leche League** <https://llusa.org>
- » **International Breastfeeding Centre** <https://ibconline.ca>

RESOURCES IN NORTHERN NEVADA

Nourish Nevada

<https://nourishnevada.com>

Using a therapeutic approach to help families and babies thrive, Nourish Nevada serves Reno, Sparks, and Carson City and outlying areas in person or through video call.

499 W. Plumb Lane Reno, NV 89509
(775) 453-4628

Danna Myers Hook

<https://lactationdanna.com>

Danna provides holistic postpartum care for all families.

lactationdanna@gmail.com
(775) 379-5343

Nevada Breastfeeds

<https://nevadabreastfeeds.org>

Our goal is to share education and resources for parents, businesses, and the healthcare industry to support and promote breastfeeding in Nevada.

Northern Nevada Breastfeeding Coalition

<https://nnbc.wildapricot.org>

The NNBC is a non-profit organization of parents, professionals, and community partners in Northern Nevada who believe breastfeeding is foundational to a healthy start in life and provides unlimited benefits to mother and child. Our mission is to promote breastfeeding through education, collaboration, and advocacy to remove barriers and to help all families achieve their breastfeeding goals.

nnbreastfeedingcoalition@gmail.com
facebook.com/nnbreastfeedingcoalition
Instagram: @nnbreastfeedingcoalition
P.O. Box 8284
Reno, NV 89507

Biggest Little Baby Support Groups

<https://biggestlittlebaby.com>

One of Reno's most loved sources of community support circles, they offer prenatal/pregnancy/birth/postpartum/family education, fitness/yoga/movement classes, and toddler entertainment.

Nevada WIC

<https://nevadawic.org/program-resources>

They provide women, infants, and children (WIC) in Nevada with nutrition education, breastfeeding support services, supplemental nutritious foods, and referrals to health and social services. Nevada WIC is available to Nevada residents who are pregnant, breastfeeding, and postpartum, or to infants and children under the age of 5 who need help with their health or nutrition.