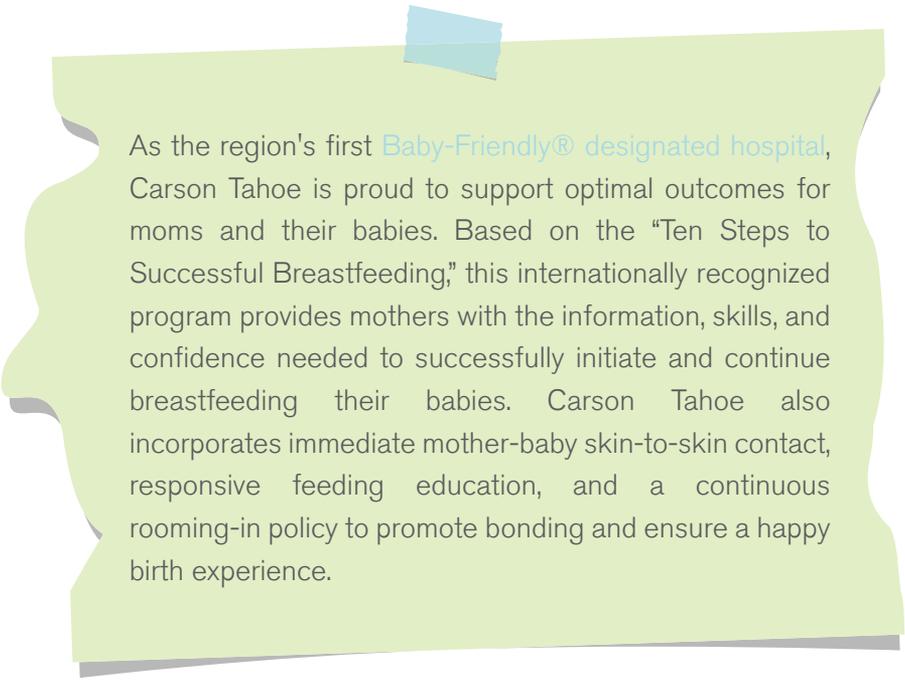


# Carson Tahoe Health



## Women & Children's Center Newborn Education Booklet





As the region's first [Baby-Friendly® designated hospital](#), Carson Tahoe is proud to support optimal outcomes for moms and their babies. Based on the “Ten Steps to Successful Breastfeeding,” this internationally recognized program provides mothers with the information, skills, and confidence needed to successfully initiate and continue breastfeeding their babies. Carson Tahoe also incorporates immediate mother-baby skin-to-skin contact, responsive feeding education, and a continuous rooming-in policy to promote bonding and ensure a happy birth experience.



# PROMOTE

## *Why Breastfeed?*

Benefits of breastfeeding for your baby:

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. Your breasts begin producing colostrum during pregnancy so you can be ready to feed as soon as your baby is delivered. Colostrum provides all of the essential nutrients, along with antibodies, that your baby's body and digestive system needs to grow and function.

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

Breast milk is easier to digest: Breast milk is uniquely made for your baby's growing tummy. A benefit of breast milk is that it is easier to digest than formula and therefore lowers the risk of constipation and colic.

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 is unique and can change to meet your baby's unique needs. Scientific research suggests that breastfeeding

Your baby can lower his/her risk for:

- Asthma
- Allergies
- Childhood leukemia
- Childhood obesity
- Ear infections
- Diarrhea
- Respiratory infections
- Sudden Infant Death Syndrome (SIDS)
- Type 2 Diabetes

Benefits of breastfeeding for you:

Breastfeeding is good for mother's health too: Scientific research links breastfeeding to a lower risk of developing certain types of breast, uterine, and ovarian cancer, heart disease, osteoporosis, and Type 2 diabetes.

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

Breastfeeding costs less money: Breast milk is always available, the perfect temperature, and FREE! Breastfed babies may also get sick less often, which can prevent missed workdays and lower healthcare costs.

## Benefits of breastfeeding to society:

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

Breastfeeding can decrease healthcare costs: Breastfed infants require fewer doctor visits, prescription, 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 six months of life, the US would save approximately \$13 billion a year in health care costs.

Both the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend 6 weeks of exclusive breastfeeding, and continued breastfeeding while adding in foods until 1-2 years of age or longer as mother and baby desire.



# PROTECT

## **Skin-to-skin care:**

**Who:** Skin-to-skin care (SSC) is recommended for all mothers and newborns, regardless of the feeding or delivery method. SSC is also highly recommended for fathers to practice as it can encourage bonding, and help populate your baby's microbiome. Unless there is a medical reason for separation, SSC may be provided for all newborns.

**What:** SSC is the practice of placing your infant directly on your bare skin, tummy to tummy, right after delivery, and throughout the postpartum period.

**Where:** SSC can take place in the birthing room, the OR, recovery room, and nursery. It is also encouraged that you continue to practice SSC during your stay and when you go home with your baby.

**When:** SSC is initiated immediately after birth and continues for at least 1 hour, or until after the first feeding. In the case of a cesarean delivery, SSC may be initiated in the operating room if mother is stable and awake. If mother is unable to experience SSC immediately following a cesarean delivery, it may begin as soon as she is stable in the recovery room.

**Why:** Evidence indicates that initiation of SSC 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. SSC 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!

SSC immediately after birth is also shown to:

- Stabilize the newborn body temperature
- Stabilize blood glucose concentrations
- Stabilize breathing and heart rate
- Decreases crying
- Decrease the sensation of pain in newborns.

**How:** SSC is safely practiced when the chest of the infant is touching the chest of the mother or caregiver, with the face easily exposed. The infant should be naked or wearing only a diaper to maximize the surface-to-surface contact. Safe SSC checklist:

1. Mother or care provider is awake and alert
2. Infant's shoulders and chest face mother
3. Infant's face can be seen and the head is turned to one side
4. Infant's nose and mouth are not covered
5. Infant's neck is straight, not bent, and chin slightly lifted
6. The mother-infant dyad is monitored continuously by staff in the delivery environment and regularly on the postpartum unit.
7. When mother wants to sleep, infant is placed on his/her back in the bassinet or with another support person who is awake and alert.

Benefits of rooming-in 24 hours a day:

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 rest and establish a routine. Our goal is to provide you with the best opportunity to learn about your baby so you feel better prepared to care for him/her when you go home. The American Academy of Pediatrics (AAP)

recommends room-sharing (not bed-sharing) even after you are discharged from the hospital, for the first year of life. Room sharing makes it easier to feed on demand and provide comfort to your baby. It can also help decrease the risk of Sudden Infant Death Syndrome (SIDS) by as much as 50%.

### **Benefits for mom:**

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

### **Benefits for baby:**

- Better quality of sleep because baby will develop a more regular sleep-wake cycle when near you.
- Improved breastfeeding experience because 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.
- As you learn your baby's comfort cues, your baby will cry less and calm more quickly.
- Decreases the risk of Sudden Infant Death Syndrome (SIDS) by as much as 50%

## **7 reasons why your baby's first bath can wait:**

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 anti-germ 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 his/her 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 him/her. 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 well hydrated.

7. **Parents get to give the first bath:** Our mission is to support you and your family. By delaying the first bath until you have arrived home with your baby, we are encouraging you to make the first bath a special, family-centered event.

### **Pacifier education: To use or not to use one?**

We here at Carson Tahoe, along with the American Academy of Pediatrics (AAP) and the World Health Organization (WHO), 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. In order to do that we want to educate you on the importance of delaying the introduction of a pacifier until breastfeeding is well established. Research tells us that the way a baby sucks on a pacifier is different than the way he/she suckles at the breast, often leading 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't of pacifier use:**

**Do** wait 3-4 weeks, or until breastfeeding is well established, to introduce one! 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 baby is not feeding well or less than 8 times in a 24-hour period, having trouble gaining weight, or you are suffering from cracked, blistered, painful nipples, and milk supply issues.

**Do** offer 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 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.

### **To maximize your 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 baby.

#### **What are the benefits of hand expression vs. using a breast pump?:**

One of the biggest pros of hand expression is the sheer convenience. Unlike a pump, you don't need any special equipment or to be near an electrical outlet - so you can hand express your milk anytime and anywhere you might need to.

For instance, if you're away from your baby for longer than expected and are 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 pump.

But convenience is far from the only benefit. Some other ways that 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 for her. Since this early milk is thick and sticky and there's not much of it, the small amount you might be able to pump will likely end up sticking to the sides of the pump bottle. But you can use your hands to express milk right onto a spoon or syringe and feed it to your newborn.
- **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.
- **But it can also 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 - leading to an even greater supply and potentially increasing 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 even more.

### **How to hand express:**

1. **Get Ready.** Wash your hands well and collect a clean cup or container to collect the milk in. 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. **Switch to the other breast and repeat.** 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 in lieu of pumping, try to go for 20 to 30 minutes, or until your breasts feel soft.

**[FirstDroplets.com](http://FirstDroplets.com)** has a video showing hand expression.

### **Common concerns you might have:**

**Concern:** "How often should I feed my baby?"

**Response:** 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
- Or crying. Crying is usually a late hunger cue. If you keep baby skin



to skin you will notice hunger cues more readily. Offer the breast when the early hunger cues are noted. It can be hard for baby to

latch when he is crying.

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

**Concern:** “My baby is not happy unless she is at breast and I am exhausted. What else can I do to soothe my baby?”

**Response:** Babies simply do not like being away from mom 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 the baby’s brain learn how to sleep. Nighttime feedings ensure the baby receives enough calories and fat for weight gain and brain growth.

**Concern:** “I’m worried that I don’t have enough breast milk and that my baby will be hungry.”

**Response:** 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.



Approximate stomach capacity of a newborn in the first week of life.

## To warm milk

- Heat water in a cup or other small container, then place frozen milk in the water to warm; or
- Use a bottle warmer
- **Never microwave human milk or heat it directly on the stove**

The cream will rise to the top of the milk during storage. Gently swirl milk to mix before checking temperature and offering to baby.

**If baby does not finish milk at one feeding**, it is probably safe to refrigerate and offer within 1-2 hours before it is discarded.

### The Baby's Second Day:

Babies can be very sleepy the first day or two after birth. You may find it difficult to keep them awake long enough to feed or to wake them up to feed. Between 24-72 hours of age, your baby might request feeds often, sometimes every half an hour to an hour. They also might request a feed, then fall asleep quickly after beginning to suckle. While it is normal, lasts for one to two nights and can be very upsetting to parents; it helps establish a plentiful milk supply.

Also, baby might want to fall asleep often and then quickly fall asleep, then wakes up after being put down, requesting to feed again. **But!** Every mom also needs some rest. Here are some things your family and friends can do to help, so you can nap:

- Offer the breast as often as baby requests. Feeding often helps to establish a good milk supply.
- Make sure baby is drinking at the breast with a deep latch, a wide mouth angle and swallowing.

- Nap when your baby is sleeping.
- Ask for help from your partner, family or friend.
- Spend time skin to skin with baby

Here are ways that your family and friends can help you get rest with the Five S's:

- Swaddle Baby or place baby Skin to Skin
- Offer baby a clean finger to Suck on
- Place your baby in the Side lying position on your chest or in your arms
- Sway lightly back and forth with baby in your arms
- "Shhhh" the baby. This mimics the sound of placental blood flow and can help calm them

**Concern:** "I'm concerned because it seems like my baby is constantly feeding. How do I know he's getting enough?"

**Response:** Newborn babies need to feed frequently! Your baby will likely feed often, 8-12 times in a 24-hour period, or cluster feedings together before settling in to sleep for a few hours. This frequent nursing pattern plays an important role in the establishment of your milk supply. Around day 3-5 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 urine output and bowel movement should increase each day.

Baby's Age	Number of wet diapers	Number of bowel movements	Appearance of bowel movements
Day 1 (first 24 hrs)	1	1	Thick, tarry & black
Day 2	2	2	Thick, tarry & black
Day 3	3	3	Greenish to yellow
Day 4	4-5	3	Soft, yellowish color
Day 5	5-6	3+	Loose, yellow & seedy

Call your pediatrician if baby is not having wet and poopy diapers - as in chart.

- 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 a bout 5.5-8.5 ounces per week until four months of age.

**Concern:** "I'm concerned because my nipples are sore and it hurts to breastfeed."

**Response:** Breastfeeding should be a pleasant experience for both you and your baby. In the first three to five days after birth, if you experience nipple pain, it may be a sign that something isn't right with your baby's position, latch, or suck. An incorrect latch can occur when a baby does not grasp enough breast tissue and/or his/her tongue is positioned improperly. Correcting poor positioning or latch will often alleviate sore, cracked nipples and allow healing to begin.

Check list for correct latch and position

- Baby should be facing the breast, belly to belly.
- Nipple is at the level of baby's nose, NOT directly in front of baby's mouth.
- Compress breast with fingers parallel to baby's lips, 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/upper lip with the nipple and wait for him/her to open wide and tip head back slightly.
- ◆ Bring him/her to the breast swiftly when mouth is wide open, making sure the lower jaw and chin touch the breast first. **(Bring the baby to the breast, NOT the breast to the 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.

## How do I relieve engorgement?

### To prevent engorgement:

- ◆ Begin feeding and hand expression soon after baby is born
- ◆ Nurse based on feeding cues around the clock (when your baby shows signs of hunger, feed him)
  - ◆ We recommend feeding at least 8 times in 24 hours
- ◆ Make sure baby has a good latch
  - ◆ Angle of mouth wide, lips flanged, chin touching breast, and head, shoulder and hip in a straight line
- ◆ Keep your baby alert and actively nursing throughout the feed- rub their back or their feet, play with their arms or changing their diaper can help wake them up. You can also keep baby in only a diaper during feeding time
- ◆ Do not skip feedings or give artificial baby milk, unless medically indicated

### To relieve moderate engorgement (Your breasts feel like the tip of your nose):

- ◆ Try feeding the baby
- ◆ Apply warmth to breasts before feeding to soften the breast and help the letdown reflex

- ◆ Do some breast massage- When baby is eating, massage toward 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.
- ◆ Stand in the shower and let the warm water run over your breasts. Not only does this feel good, but it is a great time to massage your breasts to help move the milk out and soften your breasts.
- ◆ If your doctor prescribed Ibuprofen after delivery, this may help the swelling
- ◆ This is a great video on Hand Expression: [FirstDroplets.com](http://FirstDroplets.com)
- ◆ Apply cold compresses after feeding to decrease swelling and pain.

For extreme engorgement( your breasts feel hard like your forehead):

- ◆ Apply cold instead of heat to decrease swelling
- ◆ Lying on your back and massaging toward the chest wall can help your body absorb the extra fluid
- ◆ Hand expression or a pump for a few minutes, to soften the breast so baby can latch
- ◆ If baby cannot empty your breast, you can use hand expression or a pump for a day or two to provide comfort
- ◆ If engorgement still persists, reach out to Carson Tahoe Lactation for support: 775-445-5122

**Concern:** "I'm concerned because my baby won't sleep in the bassinet."

**Response:** For 9 months your baby has been securely held by you in a safe, warm, comfortable environment. During the first few days of life, he/she will be exposed to new sounds, sights, and smells and this new environment takes some time to get used to. We encourage you to hold your baby safely skin-to-skin as much as possible when you are awake

and breastfeed on demand. Remember, newborn babies want to feed on demand, usually 8 to 12 times in a 24-hour period for the first two to four weeks. It can also be normal for babies to “cluster feed,” or breastfeed every hour or several times in one hour, including at nighttime.

### **Safe Sleep Reminders:**

- Place infant safely on his/her back in a crib or bassinet
- If the infant is swaddled, make sure the blanket is not covering his/her face
- Babies only require one layer of clothing more than what you are comfortable in
- Breast feeding will make mom feel sleepy due to the hormones released when baby is suckling at the breast. Be sure to breastfeed in a safe space that does not have blankets, pillows or stuffed animals that could suffocate baby
- Be sure to remove any suffocation hazards from baby's breastfeeding or sleeping space - including blankets, pillows, and stuffed animals

**Concern:** "I am returning to work soon. How do I continue to breastfeed or provide milk for my baby after I go back to work?"

**Response:** Maintaining your milk supply once you return to work can be done! If you are separated from baby for many hours you will need to hand express and/or pump your breasts to remove milk. Removing milk on a regular basis tells your breasts that they should continue to make milk. You can then provide this milk for baby's bottle for your daycare provider. Most mothers need to pump about every 3 hours during a workday, and more often if your breasts feel full. Pump each breast for 12-15 minutes. Follow pumping with hand expression - this helps maintain a better supply and removes even more milk for baby than pumping alone. Check with your insurance company about obtaining a breast pump. Many insurance plans provide breast pumps.

Call the Carson Tahoe Breast Feeding Warmline if you have any questions about breast pumps at (775) 445-5122.

Many mothers get help and support for breastfeeding and returning to work by attending the Breast Feeding Support groups at Carson Tahoe.

### **Storage Guidelines:**

	<b>Temperature</b>	<b>Storage Time</b>
<b>Freshly Expressed Milk</b>		
Warm Room	80-90°F/27-32°C	3-4 hours
Room Temperature	61-79°F/16-26°C	4-8 hours (Ideal: 3-4 hours)
Insulated Cooler/Ice Packs	59°F/15°C	24 hours
<b>Refrigerated Milk (Store at back, away from door)</b>		
Refrigerator (Fresh Milk)	32-39°F/0-4°C	3-8 days (Ideal: 72 hours)
Refrigerator (Thawed Milk)	32-39°F/0-4°C	24 hours

	Temperature	Storage Time
<b>Frozen Milk</b> (Do not refreeze! Store at back, away from doors/sides)		
Freezer Compartment Inside Refrigerator (Older-Style)	Varies	2 weeks
Self-Contained Freezer Unit Of A Refrigerator/Freezer	<39°F/<4°C	6 months
Separate Deep Freeze	0°F/-18°C	12 months (Ideal: 6 months)

*These guidelines are for milk expressed for a full-term healthy baby. If baby is seriously ill and/or hospitalized, discuss storage guidelines with baby's doctor.*

To avoid waste and for easier thawing & warming, store milk in 1-4 ounce portions. Date milk before storing. Milk from different pumping sessions/days may be combined in one container - use the date of the first milk expressed. Avoid adding warm milk to a container of previously refrigerated or frozen milk - cool the new milk before combining. Breastmilk is not spoiled unless it smells really bad or tastes sour.

### **To thaw milk**

- ◆ Thaw slowly in the refrigerator (this takes about 12 hours - try putting it in the fridge the night before you need it.) Avoid letting milk sit out at room temperature to thaw.
- ◆ For quicker thawing, hold container under running water - start cool and gradually increase temperature

Previously frozen milk may be kept in the refrigerator for up to 24 hours after it has finished thawing. **Do not freeze.**

# SUPPORT

## **Building a Network of Support:**

**Family and friend support:** 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 the baby, burping, or comforting to sleep. Here are a few more examples of how your loved ones may be able to provide support:

- Hold and care for your baby between feedings so you can rest
- Make sure you have enough to eat and drink by preparing meals or grocery shopping
- Help with cleaning, laundry, or necessary errands
- Take care of any other children and/or animals that are at home

**Mother-to-mother support:** Being around other breastfeeding moms can be an amazing source of support. Spending time with other moms provides the opportunity to share similar struggles, discuss tips for success, and offer encouragement. We highly encourage you to attend one of our free breastfeeding support groups as discussed in the following section.

## **CTH Outpatient Support Services for Breastfeeding:**

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

- A 1:1 consultation appointment with an international board-certified lactation consultant (IBCLC)  
Breastfeeding Support Group that meets three times a week
  - Carson City - Center For Health Promotion,  
1470 Medical Parkway, Suite 250  
Monday 5:30 - 6:30 PM  
Wednesday 10:00 - 11:00 AM
  - Minden- Minden Medical Center, 925 Ironwood Drive,  
2nd floor Conference room  
Friday 10:00 - 11:00 AM
- Warm line service for concerns or questions about breastfeeding and to talk with an International Board Certified Consultant (IBCLC)
  - Phone Number: (775) 445-5122

## **Recommended Breastfeeding Websites:**

FirstDroplets.com

<https://stan.md/38S8bXb>

BreastfeedingUSA.org

Globalhealthmedia.org

Lactationtraining.com

Kellymom.com

InfantRisk.com

LLLUSA.org

IBConline.ca

## Feeding Chart

<b>Day/Time</b>						
Length of Breastfeed						
Quality of Feeding	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor
Diapers (Wet/Stool)	W S	W S	W S	W S	W S	W S
<b>Day/Time</b>						
Length of Breastfeed						
Quality of Feeding	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor
Diapers (Wet/Stool)	W S	W S	W S	W S	W S	W S
<b>Day/Time</b>						
Length of Breastfeed						
Quality of Feeding	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor	Good Fair Poor
Diapers (Wet/Stool)	W S	W S	W S	W S	W S	W S



