

Breastfeeding...

For My Baby.
For Me.





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New York State Department of Health seeks to use inclusive language to recognize diversity in gender and gender identity and recent changes in language to support diversity and inclusion in infant human milk feeding. While the term breastfeeding is used primarily in this publication, nursing, chestfeeding, and lactating may be used interchangeably to describe human milk feeding. DOH remains committed to gender inclusive language, however some of the affiliated links/content may contain gendered language.

Breastfeeding Benefits

Choosing how you will feed your baby is an important decision. Breastfeeding is an option with many benefits for both you and your baby. This booklet provides information about breastfeeding and tips to help make your breastfeeding experience a successful and happy one.

Breast milk is nature's perfect food

By breastfeeding, you are giving your baby food designed to meet their needs. Breast milk is the complete food for infants. It changes as your baby grows.

The ingredients in breast milk cannot be manufactured. Breast milk has living cells that fight off illnesses. It has ingredients that support proper brain and eye development and a healthy immune system. Breast milk may protect your baby from allergies.



All babies need Vitamin D. Breastfed babies get it from Vitamin D drops. Formula-fed babies get it from their formula.

The benefits of breast milk continue to promote normal healthy growth long after breastfeeding ends. Infants who are breastfed may have healthier weights as they grow and may score higher on IQ tests.

Breastfeeding can help you recover more quickly from childbirth. It can also reduce your risk for high blood pressure, certain breast and ovarian cancers, and type 2 diabetes. Breastfeeding may also help you lose weight after childbirth.

Breastfeeding promotes bonding

Breastfeeding is more than food; it helps create a bond with your baby. The physical skin-to-skin contact of breastfeeding can help your baby feel safe, warm, and secure. It also increases your levels of oxytocin, a hormone that helps breast milk flow and may help you feel calm.

Each breastfeeding parent reduces problems of pollution and waste disposal.



Birth and Breastfeeding



Breastfeed within the first hour after birth

Your baby will be ready to feed within the first hour after birth. Put your baby on your skin between your breasts, with a blanket over baby for warmth. You may see your baby bob their head looking for your breast. Your baby will naturally know how to find their way to your nipple; they may just need to be in the right spot, so hold them close, skin-to-skin.

Have the baby stay in your room with you, not in the nursery

This is called rooming-in. New babies must eat frequently, day and night. When your baby is in the same room, you will see when your baby is hungry. Introducing pacifiers or other artificial nipples before baby is about a month old, can interfere with milk production and baby's ability to show feeding cues. Babies need time to learn how to breastfeed well before they are given other nipples.

Tell the doctors and nurses in the hospital that you want to breastfeed. Ask them not to give your baby a bottle of formula (unless it's medically necessary) or a pacifier. If there is a change in shift, talk with the new staff about your decision to breastfeed. Talk with the breastfeeding specialist at the hospital to get support before you go home even if you have no questions.

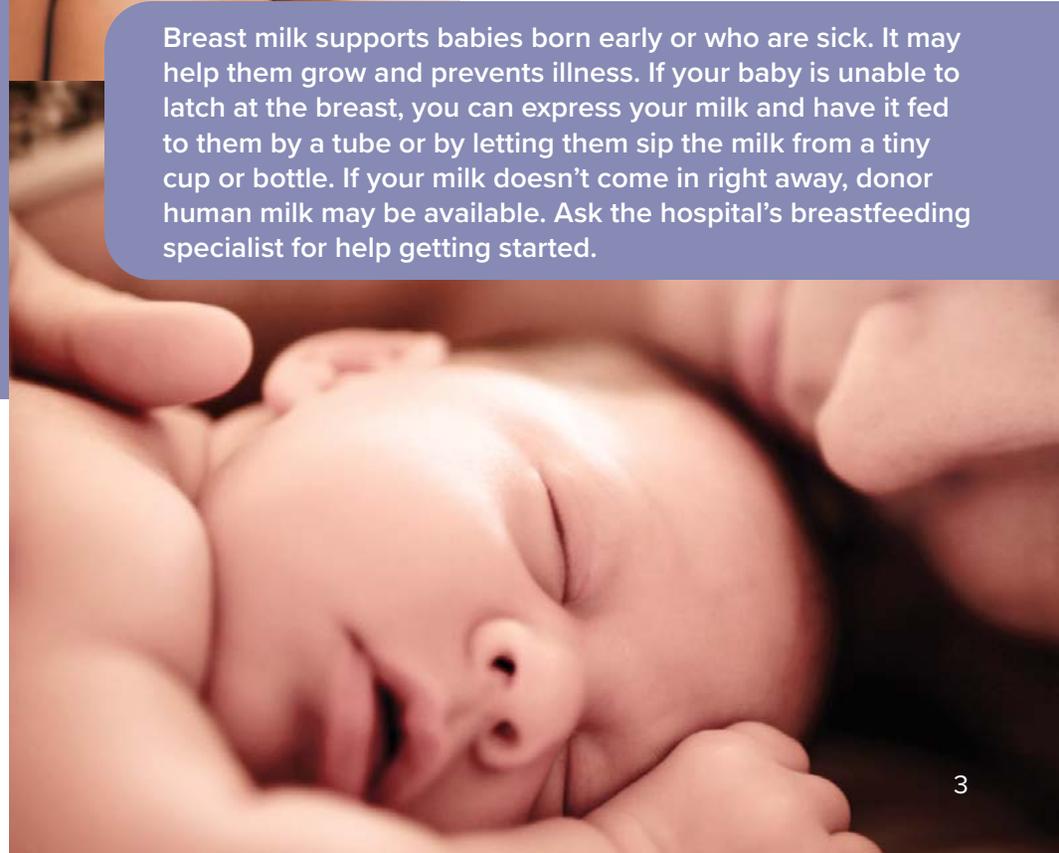
If you had a C-section, you can still breastfeed. Babies born by C-section, or whose parents received epidurals and other labor medications, may need more time before they are ready to nurse. Parents should hold their babies skin-to-skin and be patient. It may take baby 2 hours or longer to start breastfeeding.



Breastfeeding helps your womb start to shrink

During the first 24 hours after birth, when your baby is nursing, you may notice uterine cramps, like menstrual cramps. These are more obvious if you have given birth before. These cramps are a protective response and help the womb or uterus shrink, preventing excessive bleeding.

Breast milk supports babies born early or who are sick. It may help them grow and prevents illness. If your baby is unable to latch at the breast, you can express your milk and have it fed to them by a tube or by letting them sip the milk from a tiny cup or bottle. If your milk doesn't come in right away, donor human milk may be available. Ask the hospital's breastfeeding specialist for help getting started.



First Days of Breastfeeding

Get breastfeeding off to a good start. Breastfeed soon after birth and breastfeed frequently

Your body is building your milk supply during the first 4 to 6 weeks after birth. The feedings during these important first weeks will establish how much breast milk you will produce later. Give your baby only breast milk. If you replace feedings with formula, your body may not produce enough breast milk. Reach out to your health care provider or lactation specialist for support with any breastfeeding concerns.

For the first few days, your breasts produce small amounts of fluid called colostrum, your baby's first milk.



Building a good foundation:

- Breastfeed soon after birth and breastfeed frequently, 8 to 12 times in 24 hours.
- Hold your baby skin-to-skin.
- Keep your baby with you.
- Give only breast milk.
- Avoid a pacifier or a bottle until breastfeeding is well established.

Some parents notice colostrum leaking from their breasts as early as the fourth or fifth month of pregnancy. It is a yellowish-color fluid that contains millions of protective cells. Colostrum is often called baby's first immunization or "liquid gold" because of the protective antibodies found in it. Colostrum helps babies pass their first bowel movement (which helps prevent jaundice) and provides all the nutrition babies need in their first few days.

Your colostrum will change to mature milk within 1 to 5 days after your baby is born. Once your mature milk comes in, you may see it around your baby's mouth after feeding. You may notice one breast leaks while the baby nurses from the other. You may even hear gulping sounds as they suck, since there may be a lot of milk. Your breasts will feel full as compared with the first day. Your milk may look watery and thin, even bluish. This is normal.

Once you are home, you may have questions or want someone to help you with breastfeeding. Reach for the phone and call someone who can help. Before you leave the hospital, ask for the name and telephone number of a breastfeeding specialist or someone who can answer your questions about breastfeeding. Your WIC breastfeeding expert and peer counselor can help and will want to know how you are doing. Contact them if you have a question or just to let them know your baby was born.

If your breasts become very full and uncomfortable or painful, they may be engorged. To prevent or relieve engorgement:

- Breastfeed often, maybe as often as 12 times per 24 hours or every 1 to 2 hours.
- If your baby does not wake to feed, try hand expressing a little milk to relieve the fullness until your baby is ready to eat. Don't let your baby go too long without feeding.
- When your baby is ready, start feeding from the fuller breast first. If needed, hand express a little milk to soften the areola (the darker area around the nipple) so that your baby can latch on.
- Apply ice or cold packs and try gentle massage to help reduce swelling.

How to hand express breast milk:

- Gently massage breasts.
- Relax and think about your baby.
- Place thumb and index finger around areola.
- Bring fingers back toward chest wall and gently roll forward, toward the nipple.
- To protect sensitive tissue, do not pinch the nipple or slide fingers toward the nipple.



Illustration used with permission from Amy Spangler.

Patience and Practice

While the first few days home with a new baby can be a wonderful experience, it can also be a very difficult time, whether breastfeeding or not. There are many changes taking place in your life.

You and your baby may need a couple of weeks to get into a rhythm. Your breasts will start to adjust to the amount of milk your baby needs.

Think of the first few times you breastfeed as practice. Try not to become frustrated; remember that you and your baby are tired from the birth and both learning how to do it. Your baby may not be very hungry.

After a while, you may be surprised at what you can accomplish while nursing... answering the phone, feeding another child, reading, etc. This can also be an opportunity to just sit back, relax, and talk to your baby.



You have enough breast milk

Breast milk is made on demand; in other words, the more you breastfeed the more milk you will make. Allow your body to learn to make enough milk for your baby by feeding your baby only breast milk.

Feeding formula means less breastfeeding, which results in less breast milk being made.

Babies tell you when they are hungry. They give feeding cues long before they start to cry. Keep your baby close and watch for feeding cues. Don't watch the clock. Breastfeeding should not be scheduled.



Feeding and Fullness Cues

Feeding cues	Fullness cues
Fussing	Comes off nipple; falls asleep
Opens mouth	Stops sucking
Smacking lips	Turns head away from nipple
Restless movement while asleep	Closes mouth and sealing lips
Opening mouth when lips or cheeks are touched	Shows interest in other things
Soft noises or cooing sounds	Hands open and relaxed
Rooting or searching for your nipple	
Sucking on hands or lips	
Pre-cry facial grimaces	
Wakes and tosses	

A newborn infant will need to be fed often because baby's stomach is very small, about the size of a marble. You may find that you are nursing every 1 or 2 hours for the first several weeks, but this will not last long.

You know your baby is getting enough milk when they are:

- Gaining weight. Breastfed infants gain weight differently from formula-fed babies. Your baby should return to their birth weight by 2 weeks of age. Then, they should gain about 1 ounce per day for the first 6 months.
- Content after feeding. While nursing, you will see their lower jaw move and their ears wiggle, and you may hear them swallow while nursing. Their cheeks will appear rounded when nursing.
- Taking a mouthful of breast, with more of the bottom of the areola (darker skin around the nipple) than the top. Your breasts should feel full before nursing and soft afterward. You should not feel sore or have pain.
- Having plenty of wet and dirty diapers.

You will know that your baby is getting enough by checking the diapers according to the following chart

Days old	Number of wet diapers	Number of dirty diapers	Stool appearance
Day 1	1	1	Black/sticky
Day 2	2	2	Black/sticky to greenish
Days 3-5	3 to 5	3 to 4	Yellow seedy
Days 5-7	4 to 6	3 to 6	Yellow seedy



Babies need to wake up during the night to be fed

Nighttime feedings are very important because they help stimulate milk production.

Newborn babies need to eat frequently, as often as every 1 to 2 hours during the day and up to every 4 hours at night. You may notice your baby sleeping longer by about 2 or 3 months of age and even longer by 4 months of age.

You may hear that your baby will sleep through the night if you give cereal in a bottle. There is no proof that this works. It can be a choking hazard and if your baby is under 6 months of age, they are not ready for cereal or other solid foods. Putting cereal in a bottle allows the cereal to quickly flow into the baby's mouth making it hard to swallow.

Feeding a sleepy baby

In the early weeks after birth, your baby may be sleepy. You should wake your baby to breastfeed if 4 hours have passed since the beginning of the last feeding. Try:

- Unswaddle
- Changing the diaper
- Placing baby skin-to-skin
- Massaging baby's back, stomach, arms or legs
- Putting a little of your expressed milk on baby's lips

Tips for success

- Rest when baby rests.
- Keep baby close by in a crib or bassinet.
- Create a dark, quiet sleep environment. Resist the urge to play with your baby during night feedings; make them "business" feedings. Just feed them and put them back to bed. This may help your baby understand that night time is sleeping time.
- Try not to focus on how many times you are up during the night, but enjoy those private nursing moments.
- All babies are different. Try not to compare your baby with others.
- Have everything you need during the night at your bedside.
- Start to establish a bedtime routine: putting on pajamas, reading a story, etc.
- Have some background soft noise such as a fan (not blowing directly on baby) or a radio turned on low.

Your Support System

Talk to your partner and family about your plans to breastfeed; let them know how important it is to you. Do not wait until just before the baby is born to talk about breastfeeding. Talk about it early in pregnancy and be ready to answer any questions family and friends may have. Invite them to attend a breastfeeding class or doctor's appointment with you.

Make sure they understand that breastfeeding is important for you and that it will help your baby grow strong and healthy. The people close to you may worry that they will not bond with the baby if they cannot feed them. Reassure them that they can help and they are just as important to the baby.



Partners and other family members play an important role

Tips for partners

- Hold baby skin-to-skin, babies need lots of cuddling.
- Babies need visual stimulation and interaction. Talk, read, sing and take a walk.
- Enjoy bath time with your baby.
- Carry your baby in a sling.
- Go to doctor's appointments and breastfeeding classes.
- Kiss your baby whenever you pick them up.
- Be there for your breastfeeding partner and help them cope with any stress they may be feeling.

Your Breastfeeding Experience

The first couple of weeks of parenthood can be stressful. Remember, you are a new parent; give yourself and baby a little time. Think of it as a dance. At first, it may feel clumsy but soon you and your baby will be working well together.

If you are feeling stressed, try these suggestions:

- Don't wait until your baby is crying to feed them. Look for the early hunger cues.
- Hold your baby in a comfortable way, breathe and relax.
- Kiss your baby whenever you pick them up.
- With baby just in a diaper, put them against your skin on your chest and between your breasts. Stroke their back. This often calms baby so they can nurse.
- Take a break from your baby. Leave them in the care of someone you trust. Express or pump milk for a later feeding.
- Put baby in a sling and take a walk. Your baby loves being close to you and the motion of walking rocks them to sleep.

Parents may face challenges with breastfeeding. But with time, practice, and help from loved ones and WIC, it can get easier.

Parents often find, to their pleasant surprise, that breastfeeding can make life easier. There is nothing to warm, wash, measure or mix. Grab a diaper and go!

Like when you were pregnant, there were decisions you needed to consider to keep you and your baby healthy. The same goes for when you're breastfeeding.



- Eat the healthy foods you like. There is no need for a special diet or to avoid certain foods.
- You should avoid alcohol if breastfeeding. Alcohol can enter your breast milk, and it can cause you to make less milk. If you choose to have a drink, wait until your baby's breastfeeding routine is well established—and your baby is at least 3 months old. Then, be sure to wait at least 4 hours before nursing. You can also express milk before you drink to feed your baby later. It's best to talk with your doctor before drinking alcohol.
- If you smoke, wait until after a feeding. While a smoke-free home is best, be sure to smoke away from your baby and change your clothes to keep your baby away from the chemicals smoking leaves behind. Other people smoking around your baby (secondhand smoke) can also harm your baby's health. Babies exposed to smoke have a higher risk of dying suddenly (Sudden Infant Death Syndrome [SIDS]).

Call the NYS Smokers Quit Line for help,
1-866-NY-QUITS or 1-866-697-8487.

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My sling is my best friend. I don't go anywhere without it. My baby loves their sling. They can sleep and nurse while in the sling and I have both hands free.

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Breast milk is always ready. It is always the right temperature and available wherever you are. During an emergency, like a power outage, you will not have to worry about getting safe food for your baby.



What You Need to Know

Let-down

Let-down is when your milk flows to the nipple. Your body does this on its own. Breastfeeding is easier when your body is relaxed and comfortable. This will help your milk “let-down.” Even if you do not feel relaxed, you can help your milk let-down by relaxing your shoulders, taking a deep breath, and letting it out slowly. You do not have to feel relaxed for the milk to let-down but it helps.

You may feel the let-down before your baby starts suckling or after your baby has been sucking for a couple of minutes. Let-down feels different to nearly every parent. Some barely notice a tingling feeling as their babies nurse; others say it is a squeezing sensation. Either way, it lasts for a brief moment and is one of the signs that your baby is getting your milk. After you have been breastfeeding for a few weeks, just hearing your baby or even thinking about your baby may cause let-down.

Leaking

In the first few weeks of nursing, your breasts may leak milk, especially at night. This is normal and will decrease over time. Meanwhile, consider wearing a comfortable bra,

a tank top or pajamas that will support your breasts. During the day, breastfeeding parents are often more comfortable wearing a supportive bra that is not too tight. Many parents like the convenience of a nursing bra, one with front flaps that can be unhooked for breastfeeding. You can wear nursing pads inside your bra to absorb leaking milk. For disposable nursing pads, select those without a plastic lining. Washable, cotton nursing pads or folded cotton handkerchiefs can be used to line your bra. You can wear layers of clothing, like a jacket, that can hide leaking. If one breast leaks while you are nursing from the other, gently press the leaking nipple with your arm. Or, you can take advantage of the leaking and collect some of the milk to give to your baby when you are away.

While breastfeeding on one breast, the other breast may leak or drip some milk. Some parents capture it in a storage bag for a later feeding.

Nurse on one side until your baby lets you know they are full. You know they are full when they:

- Stop sucking
- Fall off your breast releasing your nipple
- Fall asleep
- Relax their body and opens their fists

If your baby stops sucking, but does not come off the breast on their own, slide your pinky finger into the corner of their mouth and gently break the suction. Burp them and offer the other breast to see if they are interested. Some babies feed from both breasts at each feeding, while other babies are satisfied after one breast. When your breasts feel full, it is important to nurse your baby. That will keep your breasts from becoming overfull or engorged.



Positions

Choose a comfortable position to feed your baby. Some of these positions are called cradle hold, clutch hold, or lying down. Try them and see which is best for you and your baby. It may be good to change position to stay comfortable. In each position, it is important to make sure the baby has latched onto your breast the right way.

Cradle Hold

- Place a pillow on your lap.
- Put your baby on their side on the pillow, tummy to tummy with you.
- Rest their head on your forearm, with their nose in front of your nipple.
- Tuck their lower arm under your breast.



Clutch Hold (This may help if you had a C-section)

- Place a pillow at your side.
- Put your baby on a pillow with their legs tucked under your arm.
- Slide your forearm under your baby's back and support their head with your hand.



Side-Lying

- Lie on your side with knees bent.
- Put your baby on their side, facing your nipple.
- Place your other arm, a pillow, or a rolled-up blanket behind the baby to support them.
- Stay awake for safety.



Cross-Cradle Hold

- Bring baby across your front so baby's face, tummy and chest are facing you.
- Wrap baby's legs around your side.
- Breastfeed on the breast opposite your supporting arm.
- Support your breast using your free hand.

The laid back position is becoming a popular way to nurse. Get comfortable in a semi-reclined position in bed or in an arm chair. Place your baby's stomach down on your chest or stomach. They will nuzzle and find their way to your breast where they will latch on. Babies know what to do with just a little guidance from you. Try stroking baby's feet, it seems to help. This position is comfortable for many and may feel most natural to you.



Latch

Be sure your baby has a large mouthful of breast, the nipple and a large part of the areola (the darker area around the nipple) with more of the bottom than top in their mouth. If the baby sucks on just the nipple, it could become sore and cracked. Your baby is latched on well when:

- Both lips are curled out, not tucked in
- The nipple and about one inch of the areola are in the baby's mouth
- Their chin is buried in your breast with their nose lightly touching
- Their tongue is visible under the nipple when you pull down their lower lip



How to Handle Common Problems

Breastfeeding should not hurt. If it does, ask a breastfeeding specialist or WIC peer counselor for help.

Sore Nipples are usually caused by poor positioning or latch during feedings.

Some remedies are:

- Make sure your baby has both the nipple and a large part of the areola (the dark part around the nipple) in their mouth.
- Hold your baby close; remember they should not have to turn their head to reach your breast.
- Get help to check their position.
- Nurse your baby before they are very hungry by watching for early hunger cues so they will not suck as hard.
- Massage the breasts before feeding to help the let-down reflex so the milk is there when your baby starts nursing.
- Change feeding positions.
- To speed healing, rub some expressed breast milk on the sore area after feedings and let nipple air dry. Breast milk helps fight infection.
- Do not use soap or creams on your nipples.
- If using nursing pads, change them to keep breasts dry between feeding. Wear cotton bras and clothing.

During most illnesses, such as a cold, breastfeeding gives your baby antibodies to protect against infection, so it is important to continue to breastfeed.

It helps to leave your breasts exposed to air without anything touching them when they are sore.

Thrush is an easily treatable yeast infection that can form on your nipple, on your breast and in your baby's mouth from contact with your nipple. A baby with thrush may have white spots inside cheeks, on the tongue, or gums.

Breast symptoms may be:

- Mild, such as itchy, slightly pink nipples and areola
- Red, very painful nipples and areola both during and after feeding
- Pain radiating through the breast, especially after feeding

Both parent and baby require treatment and should be seen by their doctor to obtain anti-fungal medication.

Plugged Milk Duct is caused by an area of the breast that is not being emptied completely. The area may be sore and still feel firm after feeding. Tight bras, bras with underwires or tight clothing can make this worse and should be avoided. Additional remedies are:

- Nurse your baby on the sore side first. This may be uncomfortable but it will help to unclog the duct.
- Gently massage the sore area from the armpit down toward the nipple, especially while the baby is sucking or while taking a warm shower.
- Remove any dried milk secretions on the nipple with warm water.
- Change positions at each feeding.

Mastitis is a breast infection that causes fever and flu-like aches, pains or a red hot area on the breast. It usually happens after having a plugged duct or extreme engorgement. Frequent, on-demand nursing helps prevent this condition. If you think you have mastitis, continue nursing and call your doctor. The treatment for mastitis includes:

- Feed baby as you normally would
- Breastfeeding with the sore side first
- Apply ice or cold packs
- Bed rest and plenty of fluids
- Pain-relief medicine
- Antibiotics



Feelings

If you are feeling sad or down, get some help by calling your health care provider. During the first few weeks with your newborn, you might feel sad at times. Don't worry. You're not alone. You may feel moody, nervous and unable to sleep. Ask someone you trust to help you with your baby and get some rest. Hormonal changes after birth are normal but some parents experience a more serious condition known as postpartum depression. You may not even be aware of it. Someone else like your partner or family may notice it. Listen to them and get some help. Call your health care provider. Signs of postpartum depression include:

- Crying often
- Feeling helpless
- Anxiety
- Sadness
- Isolation
- Change in appetite
- Short temper
- Sleep problems
- Lack of interest

Medications

You can breastfeed even when taking most medicines, but always check with your doctor or breastfeeding specialist first. Your doctor should work with you to find a medication that is okay to take while breastfeeding.

Breastfeeding is not recommended for those with certain health conditions or behaviors that could impact the health of the baby.

Always tell your health care provider about any health problems or medications. Information from the internet may not be true.

During your pregnancy, talk to your health care provider about birth control. You can get pregnant while nursing. It is important to use an effective birth control method such as condoms, a diaphragm, an Intrauterine Device (IUD) or certain birth control pills. Some types of birth control can affect your milk supply. Work with your doctor to find the best method for you.



The Depo-provera shot is birth control that prevents pregnancy for several months at a time. The Depo-provera shot may delay or prevent milk production if given before milk supply is well established. If you would like to use Depo-provera for birth control, wait until your milk supply is well established, about 6 weeks, before getting the shot.

Contact your Health Care Provider to discuss contraception options while breastfeeding.

Returning to Work or School

Many parents return to work or school and continue to breastfeed. If you can, return to work gradually. This gives you time to adjust and helps your body make a good supply of milk. Talk with your supervisor about different options that may have worked for other parents. Make a tentative plan for how you can combine breastfeeding with employment or school.

There are New York State laws that protect breastfeeding parents who return to work or school. Information regarding these laws can be found on page 29.

Some options to consider when planning your return to work or school:

- Start back to work part time for a brief period before working fulltime.
- Work from home or combine working at home and at work.
- During your first week back to work, only work one or two days. For instance, if your normal work week is Monday through Friday, go back to work on Thursday or Friday. This gives you and your baby a shorter period to adjust to being away from each other before you go back full time.
- If possible, take a mid-week day off for a few weeks and breastfeed on your baby's schedule to rebuild your milk supply.
- Work a split shift, with a long break in the middle of the day to go home and be with your baby.
- Consider using childcare close to work so you can visit and breastfeed your baby, if feasible, based on your work schedule.
- When you arrive to pick up your baby from childcare, take time to breastfeed. This will give you both time to reconnect before traveling home and returning to other family responsibilities.

Get a good pump

WIC has pumps that work. A good quality electric pump may be your best strategy for efficiently removing milk during the workday. Electric pumps that allow you to express milk from both breasts at the same time reduce pumping time.

Things you can do during your parental leave to prepare

- Breastfeed only. This will establish your milk supply.
Do not introduce formula.
- Practice expressing milk using a breast pump.
- Begin storing small amounts of breast milk in the freezer to have available as needed.
- Prepare for pumping and possible leaking by knowing which clothes will make using a breast pump easier and help hide any leaking.
- Make a trial run before returning to work. Try spending some time away from your baby. Introduce a bottle of expressed breast milk before returning to work. You may find that your baby will take a bottle better from someone other than you. You may need to try different types of bottle nipples.

Going back to school

Ask about using the guidance counselor's or other office for pumping. The nurse's office can be busy and often the private areas are taken for sick students.



Pumping tip

Bring a picture of your baby to look at as you pump. Think of your baby and some of the new things they have learned such as smiling or holding their head up.

Making your plan work

Babies' tummies are tiny. It doesn't take much to fill your baby up, but you'll need to feed your newborn baby a lot: 8-12 times in a 24-hour period. Feeding your baby often will tell your body to keep making milk. The number of times you need to express milk at work should be equal to the number of feedings your baby will need while you are away. During the first few months, many parents express milk for 10 to 15 minutes approximately 2 to 3 times during a typical 8-hour workday. When babies are around 6 months old and begin solid foods, they often need to feed less often and many parents find they can express milk less often while at work.

Keep your milk safe. Use an employee refrigerator or a cooler with ice packs. Store milk in small amounts, write your baby's name, and the date on the storage bags.

In New York State, your workplace is required to have the following accommodations for expressing milk:

- Necessary time during the workday
- Private room or alternative location for the purpose of breast milk expression
- The space provided cannot be a restroom or a toilet stall
- Be close to the employee's work area
- Provide good natural or artificial light
- Be private – both shielded from view and free from intrusion
- Have accessible, clean running water nearby
- Have an electrical outlet (if the workplace is supplied with electricity)
- Include a chair
- Provide a desk, small table, counter, or other flat surface

Storing breast milk:

- Put breast milk on a shelf in the refrigerator or in a cooler with ice.
- Use pumped milk within **4 days** or freeze it to use later.
- Breast milk can be frozen for up to 6 months.
- Once it has thawed, use it within 24 hours.
- **DO NOT** re-freeze breast milk.
- Thaw or warm breast milk under warm running water.
- Never microwave breast milk. It can cause hot spots that will burn the baby's mouth and too much heat can destroy nutrients.
- **DO NOT** save pumped breast milk left in the bottle after a feeding.
- Breast milk can be kept at room temperature for up to 4 hours.

WIC Can Help

WIC recommends breast milk. WIC supports breastfeeding parents by providing them with a food package of greater value than those who do not breastfeed. Breastfeeding parents receive benefits for 6 months longer than parents who do not breastfeed. Fully breastfed infants who are 6 months or older receive twice the amount of baby food fruits and vegetables as the package for infants who receive formula. It also provides baby food meats, a good source of iron and zinc.

WIC has breast pumps that work. WIC will make sure you get the right pump for your needs.

WIC has breastfeeding peer counselors, parents with breastfeeding experience who can help you. Your peer counselor will be there when you need them. They will help build your confidence, answer questions, and get help if you need it.

To learn more about breastfeeding, visit:
<https://wicbreastfeeding.fns.usda.gov/>.

It's your baby...It's your decision

Make your decision based on facts and your feelings, not on what family or friends may have told you. If you have concerns about breastfeeding, the easiest way to overcome them is to try breastfeeding, or talk to your WIC breastfeeding peer counselor.

The longer you breastfeed, the greater its benefits. The American Academy of Pediatrics recommends giving your baby only breast milk for the first 6 months. Then, continue to breastfeed for the first 2 years or longer as you add new, healthy foods to your baby's diet. Many parents enjoy nursing their toddler. You and your baby will know when it is time to wean. No one else can make that decision. Meanwhile, your baby continues to get the many benefits of breast milk.

Resources

New York State has laws that protect parent's rights to breastfeed

New York State Civil Rights Law, Section 79-E Breastfeeding in Public Law

You can breastfeed your baby wherever you are. No one can tell you to leave or use another room.

New York State Labor Law Section 206-C Breastfeeding in the Workplace Accommodation Law

Your employer cannot discriminate against you for choosing to breastfeed your baby or for pumping milk at work.

New York State Public Health Law 2505-A Breastfeeding Mother's Bill of Rights

It is your right to be informed about the benefits of breastfeeding and have your health care provider encourage and support breastfeeding.

Talk to your health care provider about breastfeeding. Know your rights before you deliver. You have the right to:

- Good information free of commercial interests.

After you deliver, you have the right to:

- Have your baby stay with you.
- Insist that your baby not receive bottle feeding.
- 24-hour access to your baby with the right to breastfeed at any time.

Before you return home, you have the right to:

- Refuse any gifts or take-home packets that contain formula advertising or product samples.

Visit these websites and learn more

The New York State Department of Health

www.health.ny.gov

The New York State Department of Health oversees a vast number of public health programs including WIC and Breastfeeding Promotion and Support. www.health.ny.gov/community/pregnancy/breastfeeding

Child and Adult Care Food Programs (CACFP) supports breastfeeding.

For a list of Breastfeeding Friendly Day Care Centers, go to:

<https://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>

USDA WIC Breastfeeding Support

https://wicbreastfeeding.fns.usda.gov/

The USDA WIC Breastfeeding Support website is designed to help equip parents with the information, resources and support they need to successfully breastfeed.

La Leche League

http://www.lalecheleague.org/WebUS.html

The official website of La Leche League (LLL) includes breastfeeding information, peer counseling, chat rooms etc. LLL is an organization that offers information and encouragement primarily through personal help to those parents who want to breastfeed their babies.

Office on Women’s Health

http://www.womenshealth.gov

The Office on Women’s Health of the US Department of Health and Human Services was created to provide free, reliable health information for parents everywhere. It is a resource for information in areas like heart disease, disabilities, and pregnancy. The site has an up-to-date section on breastfeeding including a downloadable brochure.

PUMP for Nursing Mothers Act

https://www.dol.gov/agencies/whd/pump-at-work

The PUMP Act extends to more nursing employees the rights to receive break time to pump and a private place to pump at work.

Postpartum Resource Center of New York

https://postpartumny.org/

The Postpartum Resource Center of New York is a nonprofit organization representing perinatal mood and anxiety disorders support and education. The mission of this organization is to increase awareness and access to care for New York State parents, partners, and their families at risk for experiencing a perinatal mood and anxiety disorder.

Office of Addiction Services and Supports

https://www.oasas.ny.gov

For more information about alcohol and substance use prevention and intervention resources visit this website.

Congratulations, you’re going to be a great parent!

Peer Counselor: _____

Breastfeeding Coordinator:

Notes Page:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) Mail:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) Fax:** (833) 256-1665 or (202) 690-7442; or
- (3) Email:** program.intake@usda.gov

This institution is an equal opportunity provider.

For other complaints or to request a Fair Hearing contact:

- (1) Mail:** WIC Program Director
NYSDOH, Riverview Center
150 Broadway, 6th Floor
Albany, NY 12204; or
- (2) Phone:** (518) 402-7093; or
- (3) Fax:** (518) 402-7348; or
- (4) Email:** nyswic@health.ny.gov

