

the hospital experience

what to expect and how to make it memorable





NAME

ADDRESS

OBSTETRICIAN (OB/GYN)

PEDIATRICIAN

WIC CLINIC

PEER COUNSELOR/LACTATION

CONSULTANT

HOSPITAL

EMERGENCY

NOTES



make beautiful memories your way

Having a baby is a beautiful time, but for some women the birthing experience does not turn out like expected. This book provides tips and tools, such as an *Infant Feeding Plan*, to help you gain more control over what happens to you and your baby in the hospital. Use it to make sure that you and your newborn have a wonderful experience.

your pregnancy

Learn as much as you can about breastfeeding.

Read books and watch DVDs that you get from the WIC Program. Take prenatal and breastfeeding classes at your local hospital, WIC clinic, or at www.wichealth.org.

The more you know about breastfeeding the easier it will be because you'll have a better idea of what to expect.



Create a support system.

Share the book, brochures and DVDs you get from WIC with the people who will be helping you when your baby gets here — especially your partner and your mother.

As your partner and mother learn more about breastfeeding, they will be more supportive and more prepared to help you once your baby is here.

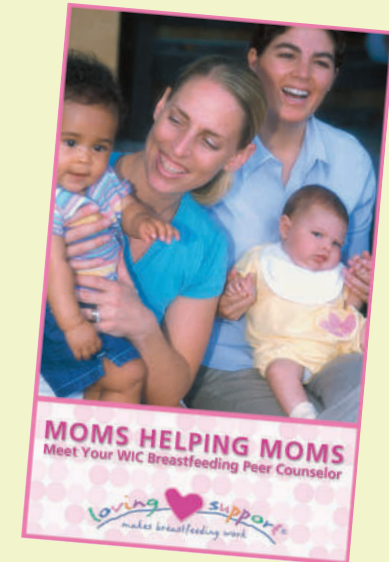


Your healthcare provider is your choice.

Find healthcare providers who are supportive of breastfeeding and let them know you want to breastfeed. Some pediatricians offer lactation support at their office.

What can WIC do for you?

Ask if there is a WIC Peer Counselor that can meet with you during your pregnancy. Peer Counselors are WIC moms who breastfed their babies and who have been trained to help moms breastfeed. They are available to answer questions about WIC services, provide referrals to other assistance programs, and offer comfort and encouragement to new moms. For more information, call WIC at 1-888-655-2942.





Plan to exclusively breastfeed.

Exclusive breastfeeding means your baby is receiving human milk and nothing else. Fully breastfeeding for the first 4-6 weeks is important for building a good milk supply. The first several weeks of breastfeeding “sets” your milk supply. It’s as if your baby is calling in his order for just the right amount of milk he needs to grow. Your milk supply may set at a lower volume than your baby needs if formula is used in the early weeks. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months.



at the hospital

Plan to limit your visitors.

You will need to breastfeed your baby often.

Too many visitors may be overwhelming.

Remember, there will be plenty of hospital staff coming in and out of your room

- your nurse, your doctor, your baby’s doctor, the audiologist, the birth certificate authority, the photographer, food service workers, housekeeping, and others. By limiting your personal visitors, you can cut down on distractions, leaving plenty of time for nursing your baby and for important skin-to-skin contact.

AVOID UNCOMFORTABLE MOMENTS WITH VISITORS

- Develop a plan with postpartum nurses to make sure you are not disturbed at unwanted times.
- Consider putting a sign on the door to limit visitors.
- Ask them to knock and wait for a reply before entering your room.
- Ask some of them to call instead of visiting you at the hospital or wait to visit once you and the baby are home.
- Tell them you will be nursing often and in skin-to-skin care with your baby between feedings.
- Tell them they may not be able to stay long if you need to feed the baby soon after they arrive.





Practice skin-to-skin care.

Skin-to-skin care should be practiced immediately after birth until the first feeding is completed, and then as frequently as possible afterwards.

Skin-to-skin care is when you keep your baby dressed only in a diaper against your bare skin, with a blanket covering your baby's back. Ask hospital staff if they can do routine newborn procedures with your baby on your chest rather than taking your baby away. Babies kept in skin-to-skin care are more likely to nurse well and often, which is important for building your milk supply. Holding your baby skin-to-skin is the best thing you can do for breastfeeding success.





Avoid giving your baby bottles or pacifiers too early.

Early use of bottles and pacifiers should be avoided because it can keep you from building a good milk supply. All of your baby's suckling in the first few weeks should be at your breast.

Feed your baby as soon as possible after delivery.

Your baby will be alert and ready to breastfeed for the first hour or two after delivery. Tell the hospital staff that you wish to nurse your baby within the first 30 minutes to one hour, if possible.

If you have an emergency cesarean delivery and are unable to nurse your baby right after birth, tell the hospital staff you want them to avoid using bottles in the first hour so you can begin breastfeeding as soon as possible.

If your baby has trouble sucking or latching on at anytime, hold him skin-to-skin and ask for help right away.

Ask to keep your baby in your room at all times.

Rooming in gives you the chance to learn your baby's early feeding cues so that you can feed him at his first signs of hunger. Early feeding cues include lip movements, rooting, sucking on fingers or on hands. Fussing and crying are late cues.

If your baby has to be taken away for a procedure, send your birthing partner with your baby to calm him. A pacifier may be recommended as a comfort measure during procedures such as lab draws, check ups, baths, or circumcisions. If a pacifier is used for this purpose, take it from your baby as soon as your baby is returned and breastfeed to calm him instead.





Your first milk (colostrum) is extremely important for your baby.

The milk you make in the first few days after your baby is born is often thick. This early milk (colostrum) coats your baby's insides and helps prevent allergies, viruses, and infections in your baby. Your milk is so protective — it's like giving your baby his first immunization.

You will produce small amounts of colostrum in the first day. Babies do not need to eat as much as they need to suck in the first few days. As your baby's stomach size increases, so does your milk supply.

Most babies go into a very deep sleep about two hours after delivery and may be hard to wake for the first 24 hours. It is important that you have skin-to-skin care and feed your baby when you see any feeding cues.

If you are having difficulty waking your baby, practice skin-to-skin contact, which will often wake a baby. Babies should nurse 8-12 times a day.





Uterine cramping is normal.

After having your baby you may experience cramping during breastfeeding. It may feel like menstrual cramps or a milder version of the uterine cramping you experienced during labor. This is your uterus returning to its pre-pregnancy size. Cramping during breastfeeding will lessen as your body recovers.

Ask to see a lactation consultant.

Even if you think breastfeeding is going well, it's a good idea to ask someone to look at how the baby is positioned and latched. This will give them a chance to give you tips to avoid soreness and how to recognize when your baby is hungry or full.

If your baby is having trouble latching, ask for assistance in hand expressing your milk into a container and using an alternate feeding method (other than a bottle) to feed your baby.





If your baby can't breastfeed, ask for a breast pump.

If your baby is unable to nurse for any reason, begin expressing milk by hand or with a electric pump within 6 hours of delivery. If you think you will need a pump when you go home, please call your WIC office to make an appointment. Make sure you let the person at WIC know that you may need both an appointment to get a breast pump and a certification appointment.

Taking medication while breastfeeding.

At times, you may need to take some kind of medicine, but usually you can keep breastfeeding. Discuss any medicines you are using with your healthcare provider and ask before you start using any new ones.

Your choice of contraception can affect your milk supply. You should talk with a healthcare provider about birth control options while breastfeeding. The Oklahoma Breastfeeding Hotline at 1-877-271-MILK (6455) is another resource for information.



BE AWARE OF FORMULA ADVERTISING

You may be offered a free diaper bag containing formula from the hospital. Formula manufacturers give free formula samples and discount coupons to doctors and hospitals for the following reasons:

- Research indicates that mothers who take a formula gift bag are more likely to stop exclusively breastfeeding their babies by 10 weeks of age. Families then have to buy formula for the rest of their baby's first year.
- These bags are often called "breastfeeding bags" but still contain formula samples and coupons. Some baby magazines even have tear out coupons reminding you to ask for your free bag at the hospital. Do not feel obligated to take the bag containing free formula. You can refuse it.
- Remember, any amount of formula in the first month can decrease your milk supply. It is very important to exclusively breastfeed for at least the first month to protect your milk supply.



Ask the hospital what kind of breastfeeding support they offer after discharge.

Some hospitals offer breastfeeding help after discharge. You may also check the Oklahoma Lactation Resource Guide at <http://bis.health.ok.gov>, click the “Where to Call for Help” section. Breastfeeding may take some practice for you and your baby. Do not be afraid to ask for help as soon as you think you may need it.



AVOID FORMULA FOR THE FIRST MONTH

Just one bottle of formula...

- can reduce your milk supply.
- can increase your baby's risk of allergies and diabetes as well as intestinal and bacterial disease.
- lessens the protective effect of your breastmilk on your baby.
- can result in early weaning from the breast.

Packing for the Hospital

FOR MOM, DURING LABOR

- Your *Infant Feeding Plan*, and any other breastfeeding tips, labor hints and childbirth notes or guidelines
- Eye glasses as well as contact case and solution
- Massage aids: tennis balls or wooden massagers
- Comfort aids: lotion and socks (for cold feet)
- Music selections to help with relaxation
- Something to use as a fan (paper fan or small hand-held individual plastic fan)
- Dental care items: toothpaste, toothbrush, dental floss
- Two regular-sized bed pillows (in bright, distinctive pillowcases)
- Camera/video camera, digital card, extra batteries or battery charger
- List of names and phone numbers of people to notify
- Cell phone
- Snacks and drinks



FOR MOM, AFTER DELIVERY

- Loose comfortable clothes for lounging and breastfeeding
- Slippers, extra socks and underwear
- Nursing bras or firm-fitting sports bra or nursing camisole
- A light blanket or cover-up gown to use around visitors
- Shampoo, conditioner, comb/brush, other hair care items such as clips and rubber bands
- Make-up, deodorant, lip balm or moisturizer
- "Memory" book – for footprints or staff names and guest signatures
- Entertainment items (books, crayons, games) especially if children are to visit in the hospital
- Clothes and shoes to wear home (a loose outfit; something you could wear at five months pregnant)

FOR BABY

- Clothes for hospital baby photo
- Clothes for baby to wear home
- Clothes for hospital stay (if you want more than a t-shirt and diaper on your baby)
- Blanket(s) and outer wear for going home (if weather is cool)
- Car safety seat

Breastfeeding
is the best gift
for your baby!

Breastfeeding Resources

Oklahoma Breastfeeding Hotline
1-877-271-MILK (6455)

Oklahoma State Department of Health
Breastfeeding Information & Support
<http://bis.health.ok.gov>

Oklahoma Mother's Milk Bank
<http://okmilkbank.org>
405-297-LOVE (5683)

Before you reach for
formula, reach for the phone
and call WIC for help.

Your breastmilk is a gift of health
to your baby that lasts a lifetime.
You only have one chance
to give this gift to your baby.

You can do it. WIC can help.

Local WIC Clinic
1-888-655-2942



The Oklahoma State Department of Health is an equal opportunity employer and provider. This publication was issued by the Oklahoma State Department of Health (OSDH), as authorized by Terry Cline, PhD, Commissioner. 25,000 copies were printed by Southwestern Stationery in July 2013 by for \$9,071.

This publication was originally created by the Texas Department of State Health Services (TDSHS). Photography (on pages 1, 2, 4, 5, 7, 10, 12, and 16) was provided by the TDSHS.

Infant Feeding Plan

My goal is to exclusively breastfeed. I request that this plan be supported as long as it is medically safe for me and my baby. If I am unable to answer questions about my chosen infant feeding practices, please speak with my birthing partner or doctor, who are supportive of my decision to breastfeed.

NAME

BIRTHING PARTNER

PEDIATRICIAN

CHECK ALL THAT APPLY

EXCLUSIVE BREASTFEEDING

My goal is to exclusively breastfeed my baby. Please do not give my baby any supplements before speaking to me or my birthing partner. I need all of my baby's suckling to be at my breast in order for me to build a good milk supply.

NO BOTTLES OR PACIFIERS

Please do not give my baby artificial nipples including pacifiers or any type of bottle with formula, water, or glucose water. If there is a medical reason for supplementation, I would first like to speak with a lactation consultant or pediatrician about trying alternate feeding methods with expressed milk.

SKIN-TO-SKIN

I would like to have my baby placed on my chest, skin-to-skin, right after he is born until the first feeding is completed. If possible, please perform routine newborn evaluations with my

baby on my chest. Throughout our stay, I want to hold him skin-to-skin as much as possible. A blanket may be placed over us, but not between us, if extra warmth is necessary.

FIRST HOUR

Please help me start breastfeeding within 30 minutes to one hour of delivery. This means placing my baby skin-to-skin as soon as possible after birth and offering help to begin breastfeeding when my baby seems ready (e.g. rooting, licking lips, etc.). Please do not force my baby to take the breast if he is not showing signs of readiness. Instead, keep my baby skin-to-skin with me until he is ready to try to latch.

ROUTINE EXAMS

Please examine my baby in my presence and do not take him away from me unless he requires medical treatment that cannot be done in my room.

EMERGENCY CESAREAN

If I have a cesarean, I would like to hold my baby skin-to-skin as soon as possible after the operation. If I am unable to for some time after the delivery, then please allow my partner to hold my baby skin-to-skin.

ROOMING IN

I would like to room with my baby 24 hours a day to give him plenty of skin-to-skin time and so that I can learn feeding cues and feed at the first sign of hunger. If my baby and I are not in the same room, please bring him to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.

BREASTFEEDING ASSISTANCE

Please teach me how to identify a good latch and how to correct my baby's positioning and latch if improvement is needed. Please teach me how to recognize early hunger cues and how to tell if he is breastfeeding well.

BREAST PUMPS

If my baby is unable to breastfeed or is separated from me due to medical reasons, I want to be able to use a breast pump within 6 hours of delivery. If you think I am going to need a pump longer than my hospital stay or if there is not a double electric breast pump available, please remind me to call my WIC office.

DISCHARGE BAGS

Please do not give me a discharge bag with formula or show me any ads or handouts from formula companies.

BREASTFEEDING SUPPORT AFTER DISCHARGE

I would like to receive contact information for breastfeeding support in case I need help with breastfeeding after my baby and I are at home.



Infant Feeding Plan

An *Infant Feeding Plan* is a plan of action that expresses your desired hospital experience and infant feeding goals to your family and your healthcare providers. Check any options you want or that you would like to discuss with hospital staff.

The plan can be completed with family and shared with:

- Your doctor
- Your baby's doctor
- The hospital staff

The most important place to take your Infant Feeding Plan is to the hospital so don't forget to pack it in your hospital bag. Ask hospital staff to attach this plan to your chart. The plan will help refresh your healthcare provider's memory when you're in labor. Remind staff at shift changes that your *Infant Feeding Plan* is attached to your chart. It will bring new members of your medical team — such as an on-call healthcare provider and your labor and delivery nurses — up to speed about your requests.