

PALAV BREASTFEEDING USERGUIDE

Disclaimer: This user guide is curated content of trusted publicly available resources. This document provides educational information and does not replace medical advice.

PART 1: BEFORE BIRTH — PREPARATION & EXPECTATIONS

1. Introduction

Breastfeeding is a biological process, but it is also a learned skill. For most parents and babies, breastfeeding does not “just happen” automatically. It develops over time through repeated practice, support, and understanding of what is normal in the early days.

This guide is designed to support:

- Expecting parents to prepare for breastfeeding
- Postpartum parents navigating early feeding
- NGO professionals supporting families in hospitals and communities

This manual can be read before birth, kept nearby after delivery, and revisited whenever questions arise. It is not meant to judge or pressure parents. Instead, it is meant to inform, reassure, and guide, especially during moments of uncertainty.

BENEFITS OF BREASTFEEDING

FOR THE BABY	FOR THE MOTHER
Optimal Nutrition	Postpartum Weight Loss
Immune System Boost	Reduced Risk of Postpartum Depression
Cognitive Development	Lowered Risk of Breast and Ovarian Cancer
Reduced Risk of Allergies and Chronic Conditions	Delayed Return of Fertility
Bonding and Emotional Well-being	Cost-Effective and Convenient

The infographic features a pink and purple color scheme. On the left, there is an illustration of a baby sleeping. On the right, there is an illustration of a woman breastfeeding her baby. The text is presented in rounded rectangular boxes, with the 'FOR THE BABY' column on the left and the 'FOR THE MOTHER' column on the right. A small 'MOM' icon with a crown is next to the mother's header.

Breastfeeding looks different for every family. There is no single “right” way to feed a baby. What matters most is that parents understand what is happening, recognize what is normal, and know when and how to seek support.

2. Preparing for Breastfeeding During Pregnancy

During pregnancy, your body begins preparing for milk production long before your baby is born. Hormonal changes cause the breasts to grow, increase blood flow, and develop milk-producing tissue. Some parents notice breast tenderness, changes in nipple color, or small amounts of fluid leaking from the breasts. Others notice very little change. Both experiences are normal.

Preparing for breastfeeding during pregnancy is not about doing everything perfectly. It is about understanding what to expect and knowing that learning happens after birth.

Many parents worry about whether they will “have enough milk” or whether breastfeeding will come naturally. These concerns are common and understandable. Success of breastfeeding is not determined by breast size, nipple shape, or previous experience. Support, early feeding, and understanding normal newborn behavior play a much larger role.

Emotional preparation is just as important as physical preparation. Breastfeeding can bring up strong emotions, especially in the early days when parents are recovering from birth and learning to care for a newborn. Knowing that challenges are common — and not a sign of failure — helps reduce anxiety and builds confidence.

Family members and supporters play an important role even before the baby is born. Supportive partners can help by protecting uninterrupted skin-to-skin time, encouraging frequent feeding, helping with household tasks, and reinforcing confidence when parents feel unsure.

3. Understanding Milk Production (Physiology of Lactation)

Milk production begins during pregnancy and continues after birth through a combination of hormones and breast stimulation.

Inside the breast are clusters of milk-producing cells called alveoli. These cells produce milk in response to the hormone prolactin. Milk travels through small ducts toward the nipple, where it is removed when a baby feeds or when milk is expressed.

Two hormones are especially important:

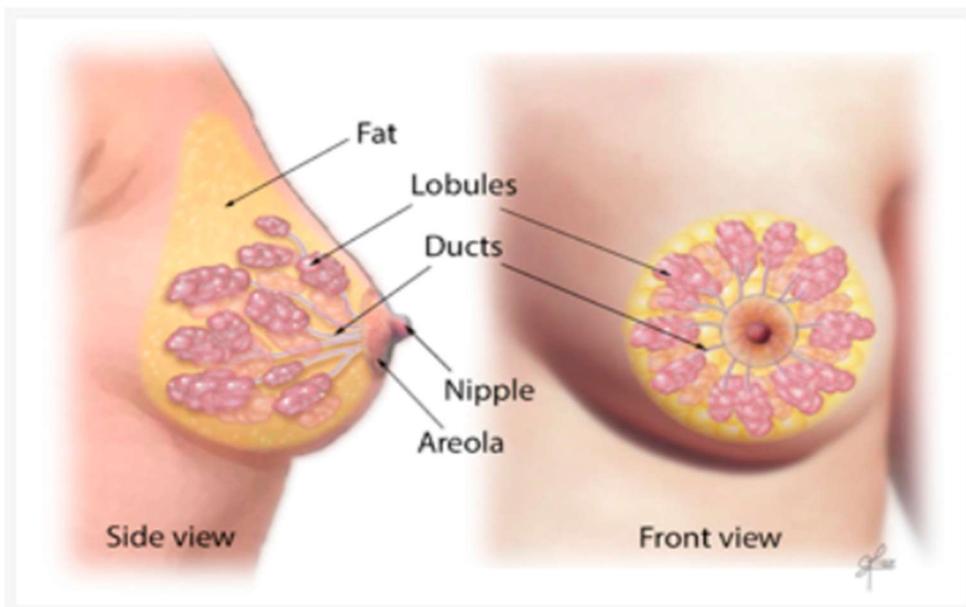
- **Prolactin**, which helps make milk
- **Oxytocin**, which helps milk flow out of the breast

Oxytocin is released when the baby suckles, when the parent thinks about their baby, or during skin-to-skin contact. Stress, pain, and anxiety can temporarily interfere with oxytocin release, which is why calm support and reassurance are important.

There are different stages of milk:

- **Colostrum**: the first milk, thick and concentrated, produced in small amounts
- **Transitional milk**: milk increases in volume over several days
- **Mature milk**: milk supply adjusts to baby's needs over time

Frequent milk removal — either by feeding or hand expression — is the strongest signal to the body to continue producing milk. This is why early, and frequent feeding matters more than how long each feed lasts or how much milk is collected.



Anatomy of female breast.

4. Antenatal Hand Expression (When Applicable)

In some situations, healthcare providers may discuss antenatal (before birth) hand expression of colostrum. This involves gently expressing small drops of colostrum during

the final weeks of pregnancy, usually after 36 weeks, and only when recommended by a healthcare professional.

Antenatal hand expression may be discussed when a baby is expected to have feeding challenges after birth, such as:

- Babies at risk of low blood sugar
- Anticipated separation after birth
- Certain medical conditions

It is important to understand that many parents do not express any colostrum during pregnancy, and this does not mean there will be a milk supply problem after birth. Colostrum production increases naturally after delivery due to hormonal changes.

If antenatal hand expression is recommended, parents are guided to expect drops, not volume, and to stop if contractions or discomfort occur. Emotional reassurance is essential, as this practice is optional and not required for successful breastfeeding.

PART 2: THE FIRST HOURS & DAYS AFTER BIRTH

5. The First Hour After Birth (The Golden Hour)

The first hour after birth is often called the “golden hour” because it is a unique window when babies are typically alert and ready to begin feeding. During this time, babies have strong instincts to move toward the breast, smell the parent’s skin, and begin feeding behaviors.

Keeping the baby skin-to-skin immediately after birth supports:

- Temperature regulation
- Stable breathing
- Healthy blood sugar levels
- Early feeding behaviors

Many babies will self-attach to the breast if given time and minimal interference. Others may need gentle guidance or support. Both are normal.

Delaying feeding or separating the baby unnecessarily can interrupt this natural process. If medical care is needed, feeding and skin-to-skin can often resume as soon as possible.



6. Skin-to-Skin Contact

Skin-to-skin contact means placing the baby, wearing only a diaper, directly on the parent's bare chest. The baby's head is turned to the side, airway visible, and the body covered with a blanket.

Skin-to-skin contact is beneficial not only immediately after birth but also throughout the early days and weeks. It helps babies stay calm, improves feeding behaviors, and supports milk production.

Skin-to-skin contact:

- Encourages feeding cues
- Helps babies latch more effectively
- Increases oxytocin release
- Builds bonding and confidence

This practice is equally important after cesarean birth. With support, skin-to-skin can often be started in the operating room or recovery area.

Skin-to-skin is not something parents can “do wrong.” If the baby is breathing comfortably and positioned safely, parents are supporting feeding even if the baby does not latch right away.



What to do

- ✓ Immediately place baby skin-to-skin after birth.
- ✓ Allow baby to explore the breast and attempt latching.
- ✓ If baby isn't feeding well yet, begin gentle hand expression of colostrum

7. Early Feeding and Colostrum (Nature's First Vaccine)

Colostrum is the first milk your body produces. It is thick, concentrated, and produced in small amounts — usually teaspoons, not ounces. This is normal and perfectly matched to a newborn's stomach size.

Colostrum is rich in antibodies and helps protect babies from infection. It also helps the baby's digestive system mature and supports healthy stool passage.



Newborns feed frequently because:

- Their stomachs are very small
- Colostrum is digested quickly
- Frequent feeding builds milk supply

Many parents worry that the baby is “not getting enough” because the amounts seem small. This concern is common. What matters is frequent feeding, not large volumes.

Hand expression can be used to support early feeding, especially if the baby is sleepy or learning to latch. Drops of colostrum can be fed by spoon or cup if needed, while continuing to practice breastfeeding.

Why it matters

- Colostrum is nutrient-dense and loaded with immune factors.
- Even small amounts are powerful — think of it as *your baby's first immunization*.
- Frequent removal of this early milk (whether by baby or hand expression) improves milk production later.

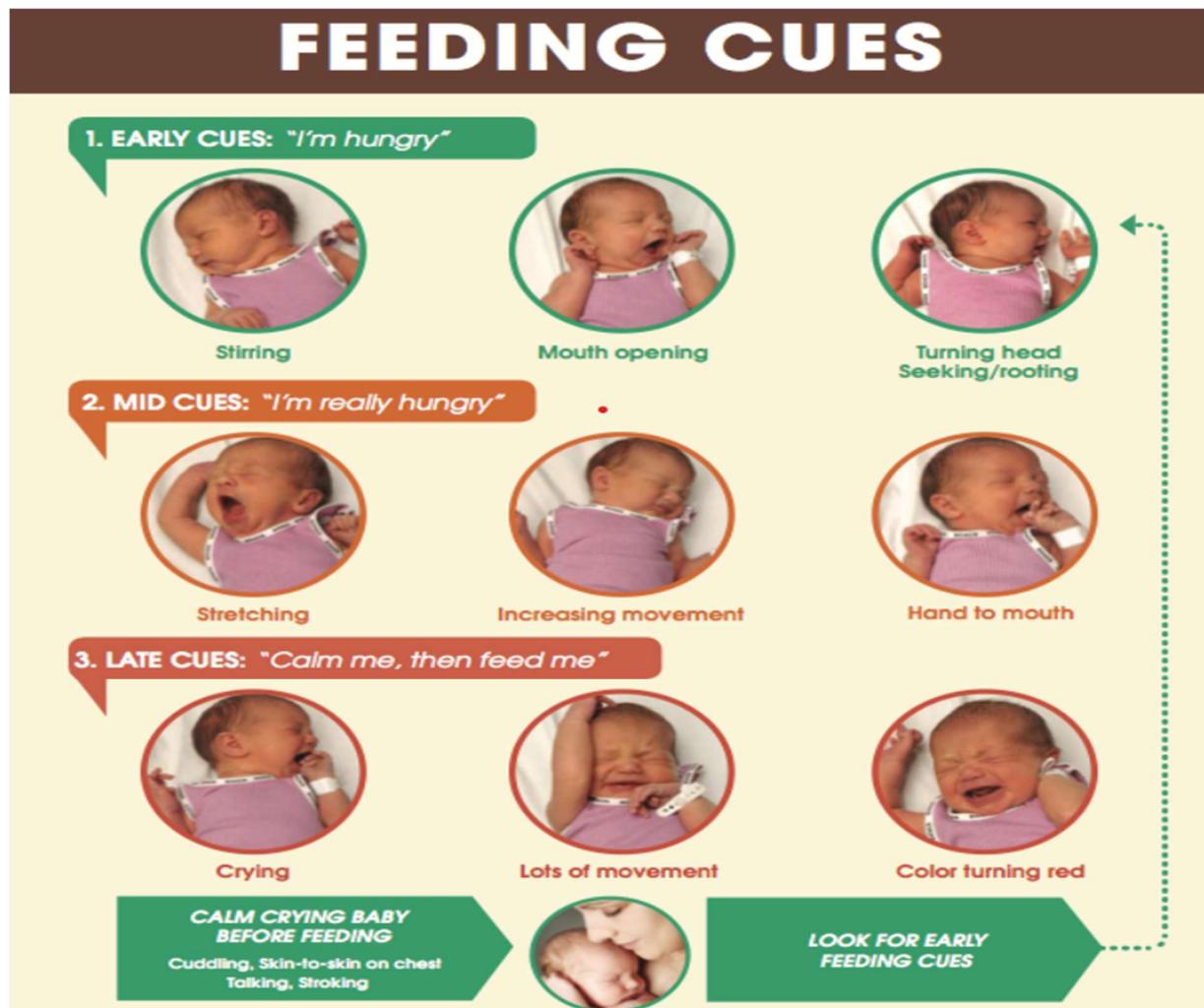
What to do

- ✓ Express colostrum by hand soon after birth.
- ✓ Offer it by spoon if baby has trouble latching.
- ✓ Collect and save drops rather than waiting to pump later.

PART 3: HOW BREASTFEEDING WORKS IN PRACTICE

8. Feeding Cues: How Babies Show Hunger

Newborn babies communicate hunger long before they cry. Learning to recognize early feeding cues helps parents respond calmly and makes feeding easier for both baby and parent.



Early feeding cues are subtle signs that a baby is ready to feed. These include stirring from sleep, opening the mouth, turning the head side to side (rooting), bringing hands to the mouth, and making small sucking movements. Feeding at this stage often leads to a smoother latch and a more relaxed feeding experience.

Active feeding cues appear when hunger increases. Babies may stretch, move their arms and legs more, and open their mouth wider. Feeding is still effective at this stage, but babies may be more eager or impatient.

Crying is a late hunger cue. A crying baby may have difficulty latching because they are already distressed. If a baby is crying, skin-to-skin contact, gentle rocking, and calming first can help before attempting to feed.

Responding to feeding cues does not mean feeding “on a schedule.” Newborns feed frequently and irregularly. Feeding based on cues helps ensure babies get enough milk and helps establish milk supply.

9. Attachment and Latch

Attachment, often called “latch,” refers to how the baby takes the breast into their mouth. A deep latch allows effective milk transfer and helps prevent nipple pain or damage.

When a baby latches well, their mouth opens wide and takes in not only the nipple but also a large portion of the areola. The baby’s chin touches the breast, the lips are flanged outward, and the baby’s nose remains free. Feeding should feel like strong tugging, not sharp or pinching pain.

Milk transfer is indicated by rhythmic sucking and swallowing. Parents may notice pauses during feeding as the baby swallows. These pauses are normal and show that milk is flowing.

A shallow latch may cause pain, clicking sounds, or inefficient feeding. If feeding is painful throughout the session or nipples appear pinched or damaged, additional support is helpful. Adjusting positioning, re-latching, or trying a different position often improves comfort.

Latch difficulties are common in the early days and are not a sign of failure. Babies and parents are both learning.

How to Help Your Baby Attach (Step-by-Step)

1) Get Comfortable

- Sit or lie in a relaxed, supported position
- Hold baby close, chest-to-chest

2) Position Baby

- Baby's body facing yours
- Head and body aligned straight (not twisted)

3) Encourage a Wide Mouth

- Gently tickle baby's lips with your nipple
- Wait for a big open mouth

4) Bring Baby to Breast

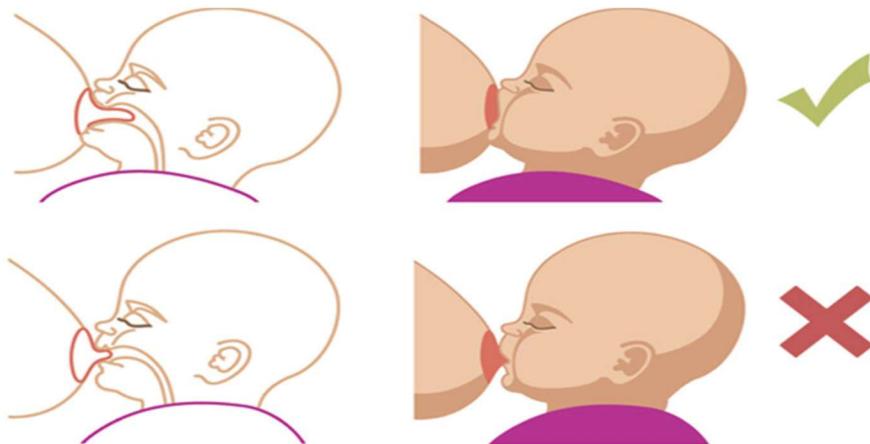
- Bring baby to the breast (not breast to baby)
- Aim nipple toward roof of baby's mouth
- Ensure chin contacts breast first

5) Watch for Attachment

You should see:

- Jaw movement
- Audible swallowing
- Relaxed body

If pain or shallow attachment, gently break suction and try again



www.NurturingMilk.com

Breastfeeding latch

Bad (shallow) latch

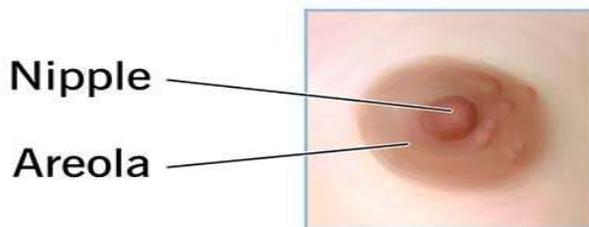


- Mouth open a little
- Only nipple is covered
- Chin not against breast

Good latch



- Mouth wide open
- Most of areola covered
- Chin against breast



10. Positions for Breastfeeding

There is no single “correct” breastfeeding position. Different positions may work better at different times, and comfort matters for both parent and baby.

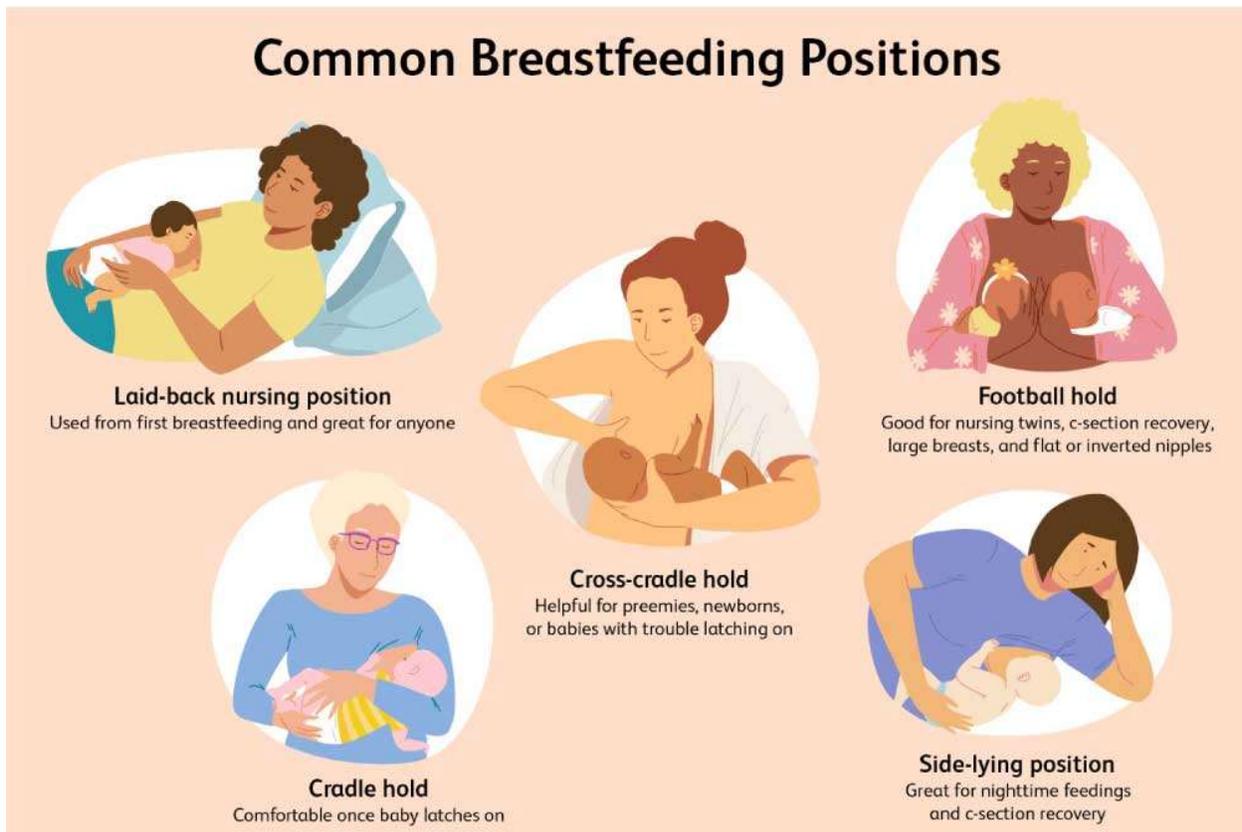
Laid-back (biological nurturing) position involves reclining comfortably with the baby lying on the parent’s chest. Gravity helps the baby maintain a deep latch, and many babies use their natural instincts effectively in this position.

Cradle and cross-cradle positions are commonly used. In cross-cradle, the parent supports the baby’s head and neck with the opposite arm, allowing more control during latch. This can be helpful when learning.

Side-lying position allows parents to rest while feeding. This position can be especially helpful at night or during recovery from birth.

After a cesarean birth, positions that avoid pressure on the incision — such as side-lying or laid-back — may feel more comfortable.

Parents are encouraged to adjust pillows, supports, and positioning until feeding feels sustainable. Comfort supports milk flow and feeding success.



11. How to breastfeed successfully

How to Breastfeed Successfully (According to AAP Policy)

Start Early

- Begin breastfeeding within the first hour after birth
- Early skin-to-skin contact increases feeding success

Feed Often

- Newborns may feed 8–12+ times in 24 hours
- Signs of hunger often come *before* crying

Milk Supply & Comfort

- Milk output increases with frequent removal

Latch and positioning support comfort and effective feeding

PART 4: HAND EXPRESSION & SUPPORTING FEEDING

12. Hand Expression of Colostrum and Milk and Storage

Hand expression is a foundational breastfeeding skill. It is useful in the early days when colostrum is present, and later when supporting milk supply or relieving fullness.

Colostrum is thick and produced in small quantities. Pumps are often less effective at removing colostrum, which is why hand expression is emphasized early.

To hand express:

- Parents place their thumb and fingers in a C-shape behind the nipple
- Gentle pressure is applied back toward the chest wall
- Fingers compress and release rhythmically
- Drops of milk are collected

Rotating finger placement around the breast helps empty different milk ducts. Expression should not involve squeezing the nipple or sliding fingers along the skin.

During hand expression, it is normal to see drops rather than streams, especially in the first days. This milk is highly concentrated and valuable.

Hand expressions can be used:

- When baby is sleepy
- When latch is still developing
- To support milk supply
- To soften the breast before feeding

How to hand express breast milk

Getting started

- Wash your hands with soap and water and dry them well
- Find a comfortable private place
- Have a glass of water handy
- Think about your baby as it can help to stimulate the let-down and help the milk start to flow

Step 1



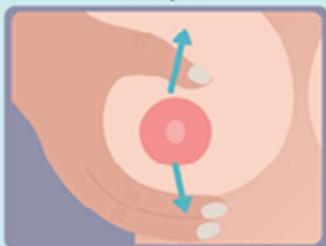
Massage your whole breast working towards the nipple.

Step 2



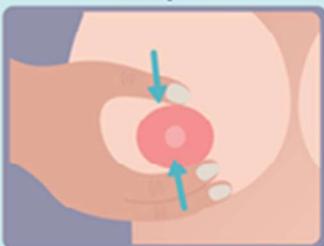
Place your thumb and forefingers in a C shape on your breast, about 2cms behind your nipple.

Step 3



Gently press the thumb and forefinger back into the breast tissue.

Step 4



Then press the thumb and forefinger toward each other to compress the ducts and help move the milk out of the nipple.

Step 5



Use a clean, sterilised container, bowl or bottle to collect your breast milk.

Step 6



Rotate the position of your fingers/thumb on your breast and repeat the process until your breast is empty.

Step 7



Repeat the entire process on your other breast.

For help and advice on feeding your baby contact your midwife, maternal child health nurse, a registered lactation consultant or the Australian Breastfeeding Association on 1800 686 268.



CASTLE VALLEY CHILDREN'S CLINIC

Safe Storage Of Breastmilk

Can Safely Be Kept	Fresh Breastmilk	Thawed Breastmilk
At room temperature 66-78°F, 19-26°C	4-6 Hours	1 Hour
In cooler with ice 59°F, 15°C	24 Hours	Do Not Store
In a refrigerator 39°F, 4°C	3 to 5 Days	24 Hours
In a refrigerator freezer 0°F, -18°C	3 - 6 Months	Do Not Refreeze
In a deep freezer -4°F, -20°C	6 to 12 Months	Do Not Refreeze

13. Feeding When Baby Is Sleepy or Not Feeding Well

Some newborns are very sleepy, especially in the first 24–48 hours. Birth medications, jaundice, or the normal transition to life outside the womb can all affect alertness.

A sleepy baby does not mean breastfeeding is failing. Increasing skin-to-skin contact, gently waking the baby, and offering frequent feeding opportunities often improve feeding behavior.

If a baby does not latch or feed effectively, hand expression can ensure milk intake while continuing to practice breastfeeding. Drops of colostrum can be fed by spoon or cup as needed.



How to Feed a Sleepy Baby

1 Watch for Early Hunger Cues

- Feed before baby is deeply asleep or crying
- Early cues = easier feeding



2 Gently Wake the Baby

- Undress baby to diaper
- Change diaper or gently reposition
- Keep lights dim but not dark



3 Use Skin-to-Skin Contact

- Helps wake baby naturally
- Triggers feeding reflexes
- Improves milk flow and alertness



4 Stimulate Before Latching

- Rub nipple along baby's upper lip
- Wait for wide open mouth before latch
- Try gentle cheek or chin stroke



5 Keep Baby Actively Feeding

- Use breast compressions to increase milk flow
- Switch sides if sucking slows



5 Keep Baby Actively Feeding

- Use breast compressions to increase milk flow
- Switch sides if sucking slows
- Talk softly or gently rub baby's back



6 Re-Stimulate if Baby Falls Asleep

- Tickling feet or palms
- Gently rubbing spine or shoulders
- Talk softly or gently rub baby's back



7 Try Dream Feeding (if Appropriate)

- Feed baby without fully waking
- Useful at night or for low intake
- Burp and re-latch if needed



Parents are encouraged to offer feeds at least every 2–3 hours, even if the baby does not cue strongly. Gentle stimulation — changing diapers, undressing the baby, or talking softly — can help wake a sleepy baby.

Support during this time is crucial. Many feeding challenges are resolved as babies become more alert.

14. Alternative Feeding Methods (When needed)

When babies are not yet feeding effectively at the breast, alternative feeding methods can support intake while protecting breastfeeding.

Cup feeding allows babies to lap milk at their own pace and avoids nipple confusion.

Spoon feeding is useful for small amounts of colostrum.

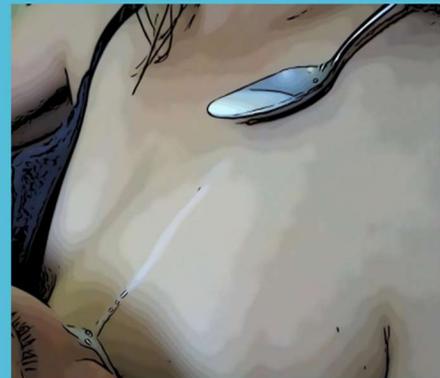
Drip-drop feeding at the breast supports feeding while encouraging continued attachment.

These methods are typically used temporarily. The goal is always to return to breastfeeding as the baby's skills improve.

Supplementing does not mean breastfeeding has failed. When used thoughtfully, alternative feeding can protect milk supply and support baby's health.

DRIP-DROP FEEDING IS AS EASY AS 1-2-3!

- 1** In a clean cup, with baby's milk, have a clean spoon, and clean cloth handy for any dribbles. Relax in skin-to-skin contact, either in laid back or up-right position, with baby positioned "tummy to mummy - nipple to nose".
- 2** Take the spoon with milk and drip so it flows from the top of breast to the nipple. Continue ensuring a gentle constant flow (if flow is slow, baby may get frustrated).
- 3** Repeat on other breast for as long as baby wants. Allow baby to breastfeed and spend as much time as possible in skin-to-skin contact, suckling on the breasts. You can cup or spoon feed any remaining milk (see Cup Feeding poster). Avoid all bottle-feeding.



PART 5: KNOWING BABY IS GETTING ENOUGH

15. How to Know Baby Is Getting Enough Milk

One of the most common concerns parents have is whether their baby is getting enough milk. This concern is understandable, especially because parents cannot see how much

milk a baby takes directly from the breast. Rather than focusing on volume, it is more helpful to look at the baby's overall behavior, diaper output, and growth over time.

In the early days, babies feed frequently, 8 to 12 times in 24 hours or more. This frequent feeding is normal and necessary. Feeding often helps stimulate milk production and ensures the baby receives enough colostrum and early milk.

Diaper output is one of the most reliable signs of adequate intake. In the first few days, the number of wet and dirty diapers gradually increased. By around day four or five, most babies who are feeding well will have at least six wet diapers per day and regular stools that are yellow and soft. Stool color typically changes from dark and sticky (meconium) to greenish and then to yellow as milk intake increases.

Weight changes can also cause concern. It is normal for babies to lose some weight in the first few days after birth. This early weight loss does not mean breastfeeding is failing. What matters is that weight stabilizes and begins to increase over time. Weight trends are more meaningful than a single measurement.

Pumping output is not a reliable measure of milk supply or intake. Many parents can breastfeed successfully but express only small amounts with a pump, especially in the early weeks. Babies are usually more effective than pumps at removing milk.

If parents are unsure about intake, seeking reassurance and support early can prevent unnecessary stress and help address any concerns promptly.

How many diapers do babies use in the first year?

Age	Diaper size	Average # of diapers per day	How many packs to register for
0-1 month old	Newborn (Up to 10 lbs)	10-12	1-2
2-3 months old	Size 1 (8-14 lbs)	8-10	4
3-6 months old	Size 2 (12-18 lbs)	6-8	5
6+ months old	Size 3 (16-28 lbs)	4-6	8

16. Co-sleeping with Baby



17. Normal Newborn Behavior

Newborn behavior can be surprising and sometimes confusing. Understanding what normal helps parents is to feel more confident and less worried.

Cluster feeding is common, especially in the evenings. During cluster feeding, babies may feed very frequently for several hours. This behavior helps stimulate milk production and does not mean the baby is not getting enough milk.

Many babies also wake frequently at night. Night feeding is normal and supports milk supply because prolactin levels are higher at night. Although night waking can be exhausting, it is biologically normal and temporary.

Babies may sometimes suck for comfort rather than nutrition. Comfort sucking helps babies regulate themselves and feel secure. This behavior supports bonding and does not spoil the baby or interfere with feeding.

Periods of increased feeding, often called growth spurts, occur at various times. During these times, babies may feed more often for several days. This helps the milk supply adjust to the baby's growing needs. Understanding these behaviors helps parents recognize that frequent feeding and variable patterns are normal, not signs of a problem.

PART 6: COMMON CONCERNS & EARLY CHALLENGES

18. Common Early Breastfeeding Concerns

Many parents experience concerns in the early days of breastfeeding. These concerns do not mean something is wrong, but they may require reassurance or support.

A common worry is whether the milk supply is “enough.” This concern often arises during periods of frequent feeding or fussiness. As long as the baby is feeding often, producing adequate diapers, and growing over time, milk supply is usually sufficient.

Breast fullness and engorgement may occur as milk production increases. Breasts may feel warm, heavy, or uncomfortable. Gentle feeding, hand expression, and supportive positioning can help relieve fullness.

Nipple tenderness is also common early on. Mild sensitivity improves as feeding continues is normal. Persistent pain, cracking, or bleeding is not expected and should be evaluated, as it often indicates latch or positioning issues that can be corrected.

Emotional changes are also common. Hormonal shifts, lack of sleep, and recovery from birth can all affect mood. Feeling overwhelmed does not mean a parent is not coping well — it means support is needed.

19. When Feeding Is Not Going as Expected

Sometimes breastfeeding does not feel smooth, even with preparation and effort. When feeding is not going as expected, early support can make a significant difference.

Signs that feeding may need extra support include:

- Baby feeding very infrequently

- Very low diaper output
- Ongoing pain during feeds
- Baby not appearing satisfied after most feeds

When challenges arise, parents are encouraged to seek help sooner rather than later. Support may include observing a feeding, adjusting positioning, addressing latch concerns, or supporting milk removal through hand expression.

Breastfeeding challenges are not a reflection of parental failure. They are common and often temporary. With appropriate support, many feeding challenges improve.

20. Engorgement, Oversupply & Related Conditions

Engorgement, Oversupply & Breast Issues
Common Challenges for Breastfeeding Parents

A. Breast Engorgement
When breasts become overly full and swollen, it can make latching harder and cause pain.
Symptoms:
• Tender & hard
• Swelling & redness
• Difficulty with latching
Seek help if:
• Infection symptoms develop (46–44 hours)
• Pain, redness, or fever develops

B. Oversupply of Breast Milk
Too much milk can cause forfel tdown – baby may cough or gulp air.
Normal Flow
• Gentle milk spray • Fast milk spray
• Soft gulping • Coughing, gagging
Seek help if:
• Try nursing on one side per feeding
• Use laid-back or side-lying nursing positions. Consult a lactation consult

C. Plugged Ducts
Breast redness, swelling, warmth, and pain – so use gaby
• Gentle milk spray
• Soft gulping
What helps:
• Infection symptoms develop (like fever)
• Feedy, redness, or fever after 24–48 hours
• Pain, redness, or fever develops

D. Mastitis
• Breast redness, swelling, warmth, and pain
• Fever, chills, flu-like symptoms
Seek help if:
• Oversupply can increase the risk of engorgement, plugged ducts, and mastitis

When to Seek Professional Support
• Severe pain, fever, or worsening symptoms
• Breast issues that don't improve within 1–2 days
• Concerns about milk supply or baby's feeding

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21. When breastfeeding is not recommended

Breastfeeding is recommended in most situations, but there are specific medical conditions and circumstances where it is not recommended or should be temporarily avoided.



When Breastfeeding is **NOT** Recommended

1. Certain Infant Conditions

Breastfeeding should **NOT** be done if the baby has:

- Classic galactosemia (rare metabolic disorder)
- Baby cannot process galactose in breast milk
- Requires special formula



2. Specific Maternal Infections

Breastfeeding is **not recommended** or must be **paused** if:

- Receiving **chemotherapy** (anti-cancer drugs)
- Undergoing **radioactive isotope therapy** (e.g., radioactive iodine)
- Taking **specific unsafe medications**, such as:
 - Certain anti-seizure drugs
 - Some immunosuppressants
 - Specific psychiatric medications

(Can breastfeed from the unaffected breast only)

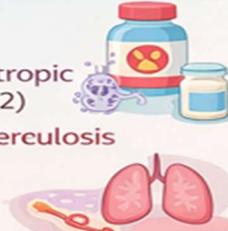


3. Certain Medications & Treatments

Breastfeeding is **not recommended** or must be **paused** if:

- **HIV infection**
- Human T-cell lymphotropic virus (HTLV-1 or HTLV-2)
- Untreated, active tuberculosis
- Ebola virus disease
- **Active herpes lesions on the breast**

Can breastfeed from the unaffected breast only



4. Substance Use

- Using **illicit drugs** (e.g., cocaine, methamphetamine, heroin)
- Misusing opioids or sedatives
- Consuming **excessive alcohol** without adequate time before feeding



3. Certain Medications & Treatments

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- Undergoing **radioactive isotope therapy** (e.g., radioactive iodine)
- Taking **specific unsafe medications**, such as:
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 - Some immunosuppressants
 - Specific psychiatric medications

(Most medications are actually compatible—always...)



Situations Where Breastfeeding May Be Temporarily Paused

- Active untreated TB (pump & discard until safe)
- Certain infections while awaiting treatment
- **Short-term medications** that require brief interruption



Very Takeaway

When in doubt, consult a healthcare provider or lactation consultant before stopping.

PART 7: SUPPORT, CONFIDENCE & CONTINUITY

22. The Role of Family and Support People

Breastfeeding does not happen in isolation. The support parents receive from partners, family members, and friends' plays a powerful role in breastfeeding success and parental confidence.

Supporting people can help by protecting uninterrupted time for feeding, encouraging skin-to-skin contact, and ensuring the parent has time to rest, eat, and recover. Practical support such as preparing meals, caring for older children, or handling household tasks allows the breastfeeding parent to focus on recovery and feeding.

Emotional support is equally important. Many parents experience moments of doubt or frustration, especially when learning new skills or coping with fatigue. Supportive reassurance — reminding parents that challenges are common and temporary — can reduce stress and improve confidence.

Supporting people should avoid pressuring parents, comparing experiences, or offering unsolicited advice. Listening, validating feelings, and helping parents access professional support when needed are often the most helpful actions.

Breastfeeding is a shared journey, and families who work together often feel more confident and supported.

23. Professional Support and Follow-Up

Professional lactation support plays an essential role in helping families navigate breastfeeding. Early, skilled support can prevent small challenges from becoming overwhelming problems.

Lactation professionals provide individualized guidance by observing feeds, assessing latch and positioning, supporting milk supply, and helping parents understand normal newborn behavior. Professional support is especially important when parents experience pain, ongoing feeding difficulties, or concerns about milk intake.

Following up after birth is critical. Feeding challenges often emerge after families leave the hospital. Access to community-based lactation support helps ensure continuity of care and builds long-term confidence.

Parents benefit most when support is non-judgmental, culturally sensitive, and centered on informed choice.

24. Building Confidence as a Breastfeeding Parent

Confidence grows through understanding, practice, and support. Many parents expect breastfeeding to feel natural immediately and feel discouraged when it does not. Knowing that breastfeeding is learned — by both parent and baby — helps reframe early challenges.

Parents are encouraged to trust their observations and instincts while remaining open to guidance. Feeding is not a test, and perfection is not required. What matters is responsiveness, patience, and willingness to seek help when needed.

Breastfeeding relationships change over time. Early struggles do not predict long-term outcomes. With support, many parents find that feeding becomes easier and more comfortable as weeks pass.

Celebrating small successes — a comfortable feed, a calm latch, growing confidence — helps parents recognize progress and maintain motivation.

25. Key Messages to Reinforce with Families

Throughout all interactions, the following messages are important to reinforce:

Breastfeeding is a learned skill.

Early challenges are common and do not mean failure.

Small amounts of milk are powerful.

Frequent feeding is normal and important.

Support makes a difference.

Repeating these messages helps reduce anxiety and builds parental confidence over time.

References and additional resources:

General Breastfeeding Education & Support

- **WIC – Breastfeeding Support & FAQs**
<https://wicbreastfeeding.fns.usda.gov/common-questions-and-challenges>
- **La Leche League – A–Z Breastfeeding Topics**
<https://llli.org/breastfeeding-info/>

- **Office on Women’s Health – Breastfeeding Resources**
(Fact sheets, infographics, guides, videos)
<https://www.womenshealth.gov/breastfeeding>
 - **American College of Obstetricians and Gynecologists (ACOG)**
(Especially helpful during pregnancy)
<https://www.acog.org/womens-health/faqs/breastfeeding-your-baby>
 - **Mass General Brigham – Breastfeeding FAQs**
(What’s normal, milk changes, expectations)
<https://www.nwh.org/maternity-guide/postpartum-guide/postpartum-chapter-4/postpartum-breastfeeding-frequently-asked-questions>
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Breastfeeding, Latching & Feeding Videos

- **First Droplets – Breastfeeding, Hand Expression & Pumping Videos**
<https://firstdroplets.com/downloads/>
 - **Global Health Media – Attaching Baby to the Breast (Multilingual)**
<https://globalhealthmedia.org/videos/attaching-your-baby-at-the-breast/>
 - **IABLE / Paced Bottle Feeding, Sandwich Hold, Asymmetric Latch (YouTube)**
<https://www.youtube.com/channel/UCrcZPu83FDKsj1mrz9paNEA/videos>
 - **Newborn Feeding Cues Video**
https://www.youtube.com/watch?v=RiV_uXOg6Bg
 - **UNICEF – Colostrum Collection & Hand Expression Video**
<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>
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Breast & Nipple Concerns

- **Breast/Nipple Wound Care 101 (PDF)**
<https://eadn-wc01-5994650.nxedge.io/wp-content/uploads/2023/08/nipplecare101.pdf>
- **Mastitis & Engorgement (Academy of Breastfeeding Medicine)**
https://abm.memberclicks.net/assets/PatientHandouts/English_ABM_Mastitis%20Handout_Protected.pdf

- **Physician Guide to Breastfeeding – Patient Handouts**
<https://physicianguidetobreastfeeding.org/resources/handouts/>
 - **Lymphatic Massage for Breast Discomfort**
<https://eadn-wc01-5994650.nxedge.io/wp-content/uploads/2021/08/Lymphaticmassagehandout2>
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Baby Feeding & Infant Concerns

- **What Feeding Looks Like in the First Hours & Weeks (Johns Hopkins)**
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/breastfeeding-your-baby/breastfeeding>
 - **Physiologic Infant Care (ABM)**
https://abm.memberclicks.net/assets/PatientHandouts/English_ABM_Physiologic%20Infant%20Care%20Handout_Protected.pdf
 - **Low Blood Sugar in Newborns (ABM)**
https://abm.memberclicks.net/assets/PatientHandouts/English_ABM_Hypoglycemia%20Handout_Protected.pdf
 - **Is Your Baby Getting Enough Milk? (Video)**
<https://globalhealthmedia.org/videos/is-your-baby-getting-enough-milk/>
 - **Vitamin D for Baby (IABLE)**
https://thepixelfarm.com/iable/membercontent/BFHandouts/IABLE_BF-Ed_VitaminD.pdf
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Sleep, Bedsharing & Safety

- **Bedsharing & Breastfeeding (PDF)**
https://eadn-wc01-5994650.nxedge.io/wp-content/uploads/2023/02/Bedsharing_Breastfeeding_Handout.pdf
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Milk, Formula & Storage

- **Comparison of Human Milk vs Formula**
<https://eadn-wc01-5994650.nxedge.io/wp->

<content/uploads/2023/08/COMPARISON-OF-MILK-VS-FORMULA-DRS-GUIDE-TO-BREASTFEEDING-2.pdf>

- **How to Store Breast Milk (IABLE)**
https://thepixelfarm.com/iable/membercontent/BFHandouts/iable_bf-ed_breastfeeding_lactation_human_milk_storage.pdf
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Nutrition, Diet & Alcohol

- **Maternal Diet & Micronutrients (CDC)**
<https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/diet-and-micronutrients/maternal-diet.html>
 - **Breastfeeding Diet (Cleveland Clinic)**
<https://health.clevelandclinic.org/breastfeeding-diet>
 - **Alcohol & Breastfeeding (IABLE)**
https://thepixelfarm.com/iable/membercontent/BFHandouts/iable_bf-ed_alcohol_breastfeeding.pdf
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Medications, Safety & Special Circumstances

- **Drugs & Lactation Database**
<https://www.ncbi.nlm.nih.gov/books/NBK501922/>
 - **Research center for medication safety during pregnancy and lactation**
<https://infantrisk.com/>
 - **sTool for determining the compatibility of products with breastfeeding**
<https://e-lactancia.org/>
 - **Free app for use of medications, vaccines, diagnostic agents & drugs**
<https://mothertobaby.org/lactrx/>
 - **Trash the Pump and Dump – Medication Safety**
<https://eadn-wc01-5994650.nxedge.io/wp-content/uploads/2021/08/TrashthePumpandDumpPGTB2021.pdf>
 - **Physician Guide – Common Questions & Concerns**
<https://physicianguidetobreastfeeding.org/lactation-landing/mom-concerns/>
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Partner, Work & Social Support

- **Father/Partner Support During Lactation (IABLE)**
https://thepixelfarm.com/iable/membercontent/BFHandouts/IABLE_BF-Ed_PartnerSupport.pdf
 - **Breastfeeding & Returning to Work (IABLE)**
https://thepixelfarm.com/iable/membercontent/BFHandouts/IABLE_BF-Ed_BreastfeedingAtWork.pdf
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Mental Health & Postpartum Support

- **Peripartum Mental Health Resources (IABLE)**
https://thepixelfarm.com/iable/membercontent/BFHandouts/iable_bf-ed_peripartum_mental_health_resources.pdf
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Milk Donation

- **Bronson Mother's Milk Bank**
<https://www.bronsonhealth.com/locations/bronson-mothers-milk-bank/>
 - **Henry Ford Donor Milk Bank**
<https://www.henryford.com/services/baby/breastfeeding/donor-milk-bank>
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Frequently Asked Questions

- **Does Breastfeeding Really Matter?**
https://thepixelfarm.com/iable/membercontent/BFHandouts/iable_bf-ed_breastfeeding_lactation_human_milk_important.pdf
- **Weaning Your Baby (IABLE)**
https://thepixelfarm.com/iable/membercontent/BFHandouts/IABLE_BF-Ed_Weaning.pdf
- **Food Allergies / Proctocolitis**
https://thepixelfarm.com/iable/membercontent/BFHandouts/IABLE_BF-Ed_Proctocolitis.pdf

- **Antenatal Hand Expression**

https://thepixelfarm.com/iable/membercontent/BFHandouts/iable_bf-ed_antenatal_hand_expression.pdf
