

# THE HOSPITAL EXPERIENCE

What to expect and how to make it memorable



## CONTACT LIST

Name: .....

Address: .....

Obstetrician: .....

Pediatrician: .....

WIC Clinic: .....

Peer Counselor/Lactation Consultant: .....

Hospital: .....

Emergency: .....

Notes: .....

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# 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 ensure 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.texaswic.org](http://www.texaswic.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.

### Family

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.

## HOSPITAL

Try to find a hospital or birthing center that is a **TEXAS TEN STEP** facility. Texas Ten Step facilities require breastfeeding training for all their staff and encourage policies that ensure breastfeeding support. To locate **TEXAS TEN STEP** facilities in your area visit <http://texastenstep.org/>.

## YOUR HEALTH-CARE PROVIDER IS YOUR CHOICE.

Find health-care 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 to meet with a WIC Peer Counselor during your pregnancy and request her contact information. 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.



## PLAN TO EXCLUSIVELY BREASTFEED.

Exclusive breastfeeding means your baby is receiving your breastmilk and nothing else. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months. Exclusive breastfeeding for the first 4-6 weeks is extremely important for establishing 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. Using formula in the early weeks may set your milk supply at a lower volume than your baby needs.



# At the HOSPITAL

## PLAN TO LIMIT YOUR VISITORS.

You will need to breastfeed your baby about every two to three hours. 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 breastfeeding and for important skin-to-skin contact.



### TO AVOID UNCOMFORTABLE MOMENTS WITH 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 you once you and the baby are home.
- Tell them you will be breastfeeding 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.
- Develop a plan with your postpartum nurses to ensure you are not disturbed at unwanted times.



## PRACTICE SKIN-TO-SKIN CARE.

Skin-to-skin care should be practiced immediately after birth for at least 60 minutes 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 breastfeed well and breastfeed often which is important for establishing your milk supply. Holding your baby skin-to-skin is the best thing you can do for breastfeeding success.







## ASK TO KEEP YOUR BABY IN THE SAME ROOM WITH YOU AT ALL TIMES.

Rooming-in provides you the opportunity to learn your baby's early hunger cues so that you can feed him at his first signs of hunger. Early hunger cues include lip movements, rooting, sucking on fingers or on hands.

## AVOID GIVING YOUR BABY BOTTLES OR PACIFIERS.

Early introduction of bottles and pacifiers should be avoided because it can keep you from establishing 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 interested in breastfeeding for the first hour or two after delivery. Tell the hospital staff that you wish to breastfeed your baby within the first 30-minutes to an 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 difficulty sucking or latching on at anytime, ask for help right away.

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 COLOSTRUM IS EXTREMELY IMPORTANT FOR YOUR BABY.

Colostrum is the milk you will make in the first few days after your baby is born. It is often thick and can be clear to yellowish in color. Colostrum coats your baby's insides and helps prevent allergies, viruses, and infections in your baby. Your colostrum is so protective – it's similar to giving your baby his first immunization.

You will produce very small amounts of colostrum in the first day. 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 wake your baby to feed often – about every two to three hours.

If you are having difficulty waking your baby, practice skin-to-skin contact, which will often wake a baby.





## 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 difficulty latching, ask for assistance in hand expressing your colostrum 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 breastfeed for any reason, it is important to begin pumping within 6 hours of delivery with an electric pump. Ask a breastfeeding specialist to teach you how to use the pump and how to combine pumping with hand expression to maximize your milk supply. If you think you will need a pump longer than your hospital stay please call your WIC office immediately (from the hospital) to make an appointment. Make sure you let the person at WIC know that you need to come to the clinic right away to get a breast pump and not a certification appointment.



## DEPO-PROVERA MAY DECREASE YOUR MILK SUPPLY IF GIVEN EARLY.

Health-care professionals commonly give Depo-provera shots, which is a type of birth control, before you are discharged from the hospital. The Depo-provera shot may delay or prevent milk production if given before milk supply is well established. If you would like to use the Depo-provera shot for birth control, it is advised that you wait until your milk supply is established before getting the injection.



## BE AWARE OF FORMULA ADVERTISING.

You may be offered a free diaper bag containing formula from the hospital. Formula manufacturers distribute 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 are then forced to purchase their own formula for the rest of their baby's first year.
- Often these bags are called breastfeeding promotion bags but they 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 extremely important to exclusively breastfeed for at least the first month to protect your milk supply. Exclusive breastfeeding for six months, with continued breastfeeding in addition to solid foods for at least a year is recommended to maximize the life-long health benefits breastfeeding gives you and your child.



## ASK THE HOSPITAL WHAT KIND OF BREASTFEEDING SUPPORT THEY OFFER AFTER DISCHARGE.

Many hospitals offer at least one free breastfeeding assistance visit after discharge. You can also call your local WIC office and ask to speak with a breastfeeding counselor. Breastfeeding may take some practice for you and your infant. Do not be afraid to ask for help as soon as you think you may need it.



ONCE YOU ARE HOME, CONTINUE TO AVOID FORMULA.

### **Just one bottle of formula:**

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



# PACKING LIST 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)
- Tape or CD player and 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
- Two regular-sized bed pillows (in bright, distinctive, hard-to-lose pillowcases)
- Camera/video camera and film, digital card, extra batteries or battery charger...plus more film!
- List of names and phone numbers of people to notify
- Calling cards for long distance calls and cell phone
- Snacks and drinks



## FOR MOM, AFTER BIRTH:

- Loose comfortable clothes for lounging and breastfeeding
- Slippers, extra socks and underwear
- Nursing bras, 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
- Baby's "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 (as much as the season dictates)
- Car safety seat

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  
and you only have one opportunity  
to give this gift to your baby.

**You can do it.  
WIC can help.**

Breastfeeding questions?

**CALL**

The Texas Lactation Support Hotline  
**1-855-550-6667 (MOMS)**  
or visit  
**breastmilkcounts.com**

**BREASTFEEDING  
IS THE BEST GIFT  
FOR YOUR BABY!**



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*My name is \_\_\_\_\_ and my goal is to exclusively breastfeed my baby.*

**The benefits of breastfeeding are very important to me and my baby. I request that these guidelines be supported as long as it is medically safe for me and my baby.**

*If I am unable to answer questions about the chosen infant feeding practices, please speak with my birthing*

*partner \_\_\_\_\_ or my doctor, \_\_\_\_\_ who are both supportive of my decision to breastfeed.*

## 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 establish a good milk supply.
- 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.
- NO BOTTLES OR PACIFIERS**  
Please do not give my baby artificial nipples including pacifiers or any types of bottles 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.
- ROOMING IN**  
I would like to room in with my baby 24 hours a day to give my baby plenty of skin-to-skin time and so I can learn my baby's feeding cues and feed him at his first sign of hunger. If for some reason my baby and I are not in the same room, please bring him/her to me at the earliest hunger cues, such as sucking on hands, making sucking noises, rapid eye movement, or rooting.
- SKIN-TO-SKIN**  
When my baby is born, I would like to have him/her placed on my chest, skin-to-skin with me for at least one hour. If possible, please perform routine newborn evaluations with my baby on my chest. Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. A blanket may be placed over us, but not between us, if extra warmth is necessary.
- 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 my baby's early hunger cues, how to hand express milk, and how to tell if my baby is breastfeeding well.
- FIRST HOUR**  
Please help me initiate breastfeeding within 30-minutes-to-1-hour of delivery. This means placing my baby skin-to-skin as soon as possible after birth 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/she is not showing signs of readiness. Instead, keep my baby skin-to-skin with me until he/she is ready to try to latch.
- 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.
- ROUTINE EXAMS**  
Please examine my baby in my presence and do not take him/her away from me unless he/she requires medical treatment that cannot be done in my room.
- DISCHARGE BAGS**  
Please do not give me a discharge bag containing formula or show me any promotional or marketing materials concerning artificial baby milk.
- 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 health-care providers. Check any options that you want or that you would like to ask hospital staff about.

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 health-care 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 health-care provider

and your labor-and-delivery

nurses – up to speed about

your preferences.

