



Patient Education



Ready, Set, Baby

A guide to welcoming your new family member



Duke Women's Health

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Staying healthy during pregnancy and beyond

Healthy eating

Eat a balanced diet with a variety of foods when you are pregnant or breastfeeding.

- Fill half of your plate with fruits and vegetables.
- Choose high-fiber whole grains, like oatmeal, whole wheat, or brown rice.
- Choose heart-healthy dairy products, like low fat milk, yogurt, or mozzarella cheese.
- Select lean protein sources, like seafood, poultry, eggs, beans, nuts and seeds.
- Stay hydrated by drinking water and other unsweetened beverages.
- If you are on a special diet, continue to follow the recommendations of your provider.
- If you have concerns about your diet, ask your provider for a referral to a registered dietitian nutritionist.

Food safety

- Wash your hands with water and soap before preparing any foods.
- Wash fruits and vegetables thoroughly before eating or processing.
- Avoid cold deli meats and unpasteurized soft cheeses as they may harbor listeria, a bacteria that is dangerous to pregnant women.
- Say 'No' to raw or undercooked foods (meats, eggs, fish).

- Tell your provider if you have cravings for non-food items like starch, clay dirt, cardboard or ice.
- Limit your intake of large fish to avoid ingesting mercury.
 - Avoid tile fish, shark, swordfish, and King Mackerel; limit albacore (solid white) tuna.
 - Opt instead for 8-12 oz/week of Salmon, Trout, Sardines, Anchovies, or Herring.

Exercise and weight gain

- If your provider says it's okay to exercise, aim for at least 30 min/day (moderate intensity).
- Avoid sports or activities with high risk of falling or collision with others.
- Ask your provider how much weight you should gain during pregnancy.



Take a daily Prenatal Vitamin with iron in addition to eating healthy



What have you heard about infant feeding?

Each of us have unique opinions about infant feeding formed from our own experiences and those of others we know. As part of your healthcare team, we want you to know the facts to help you make choices that are best for your family. Together, we can help you meet your own personal infant feeding goals.

Find out the facts!

Most women breastfeed.

At least 82% of all women in the United States breastfeed. Even among the groups less likely to breastfeed, about 68% or more start breastfeeding. Breastfeeding is the norm in the United States.

Breastfeeding should not be painful.

There may be discomfort at first, but it should be minimal and should go away in the first week or so. Pain that continues or is severe should be assessed by your healthcare provider or a lactation consultant.

Breast sizes and nipple shapes don't matter.

Small breasts can produce a full milk supply, and babies can breastfeed fine on large breasts. Babies can latch onto many types of breast nipples. If you have an uncommon breast shape, widely spaced breasts, history of breast surgery, or are concerned about your breast tissue or nipples, please contact your health care provider or a lactation consultant for an evaluation.

Breastfeeding is not always easy.

Breastfeeding is a new skill, and it takes practice and support. Be patient with yourself and your baby as you both learn how to make it work.

Get support from friends, family, and your healthcare team. Remember to take it day by day. It gets MUCH easier after the first days and weeks!

Newborns MUST feed at night.

Newborns do not know the difference between night and day. They are growing rapidly, and need the frequent, easily digested feedings that your milk provides.

Your milk contains hundreds of nutrients that scientists are only beginning to discover.

Breastmilk is a living, constantly changing food that provides everything your baby needs to grow and be healthy. The living parts of your milk are unique to you.

Some moms cannot breastfeed for medical reasons, or have difficulty with milk supply.

While most moms and babies are able to breastfeed successfully, there are certain medical conditions in which breastfeeding is not recommended. In addition, some breastfeeding babies may need extra milk for medical reasons if they cannot get enough from your breasts. Together, you and your medical team can find the best infant feeding plan for your family.

Infants use their tongue, jaw, and face muscles to get milk from your breasts. This helps their mouth and face grow and develop. Bottle nipples have a different shape and may have a faster flow. Babies are more likely to gag or overfeed when using a bottle. If you need to use a bottle, please learn about safe bottle feeding from a healthcare provider first.

You CAN breastfeed in public and you CAN go back to work or school while continuing to breastfeed.

Rest assured - you have the legal right to breastfeed in any public space. Many women successfully use pumps or their hands to express their milk for others to feed when they are away from their infants. Talk to your supervisor about your plans ahead of time and get support from available resources.



You CAN breastfeed, even if you smoke or take medications.

Many medications are considered safe to use while breastfeeding, but not all. Your healthcare provider can help determine if your medications or habits are safe for breastfeeding. Second hand smoke can increase your baby's risks for many health problems, and chemicals in cigarettes do pass through breastmilk. If you are going to smoke, it is still better to breastfeed than not to breastfeed. Talk to your doctor about quitting aids and available resources.



Preparing for your maternity stay

Did you know?

A Doula is someone who provides continuous support during labor and delivery. Many communities have Doula services at free or reduced costs for mothers. Ask about resources or refer to p. 22

Your labor and delivery

Pain relief

Talk to your healthcare provider about your options for pain relief during labor. Know the benefits and concerns for each option.

There are many ways to help cope with the pain of labor that do not involve medication.

To reduce the discomforts of early labor, try:

- Deep breathing, focusing on pleasant things
- Movement and walking
- Massage and relaxation
- Heating pads or cold compresses
- Continuous support from someone you trust



Many women find it easier to cope with early labor at home.

Follow the guidance of your provider about when to come into the hospital.



Skin-to-Skin contact

Keep your baby warm and secure

Your baby should be placed skin-to-skin with you right at the time of birth.

Some hospitals practice skin-to-skin after C-sections in the operating room.

The cream on the newborns' skin is good for them - it protects their skin from infection and helps keep them warm.

Most babies are then ready to breastfeed within the first hour.

Continue to hold your baby skin-to-skin frequently during the first weeks.

Make sure you can ALWAYS see your baby's face to look for good color and normal breathing.



Benefits of Skin-to-Skin

- Keeps your baby warm
- Easier to bond and breastfeed
- Helps calm your baby
- Easier adjustment for your baby
- Keeps your baby's blood sugar levels up
- Helps steady baby's breathing

It's great for partners to be skin-to-skin, too!



Preparing for your maternity stay



Did you know?
Your baby takes comfort when you are close by. Your smell and voice are calming to your baby.

Rooming-In

It's good for you and your baby to stay in the same room, day and night, for your entire hospital stay, unless a medical need requires separation.

Think about a trusted adult who can stay with you in your hospital room at all times to help support you as you learn to care for your newborn.

If you feel unable to safely care for your infant, ask hospital staff for extra help.

Benefits of rooming-In

- Easier to learn your baby's feeding cues
- Easier to feed any time your baby is hungry
- Easier to bond and get to know each other
- Helps you learn to care for your baby
- Encourages milk production
- More rest and sleep for you
- Less crying for your baby

Baby's first bath

The bath can be done right in your room! It is good to delay it until your baby is used to his or her new life outside the womb.





Feeding “on cue”

Follow your new baby’s lead

Responding to your baby’s cues helps them feel safe and cared for, as well as satisfied and content. Babies know what they need -listening to them helps prevent under- or overfeeding.

“I’m hungry!” Example of a baby bringing his hand to his mouth.

Hunger cues

Signs that your baby is ready to eat

- Fluttering eyes / waking from sleep
- Nuzzling into the breast
- Rooting (opens mouth and turns head)
- Bringing hand to mouth
- Sucking on tongue or hand
- Tight fists held at center of chest
- Crying - If you wait until your baby cries to feed him, he may be too upset to eat. If this is the case, calm your baby first by gently rocking him side to side, or try skin-to-skin contact.

Fullness cues

Signs that your baby is full

- Eating slows down
- Turns face away
- Relaxed arms, falling away from body
- Stops sucking
- Falls asleep

Pacifiers

Pacifiers can hide cues that your newborn baby is ready to eat.

Avoid using pacifiers until breastfeeding is going well for you and your baby.

Fullness Cues:
Watch your
baby, not the
clock.

Newborn tummies are very small!

In the beginning, there may be times when your baby eats a little bit nearly all the time. This is normal. The frequent feeding helps bring in a good milk supply for you.





Breastfeeding information & tips

Your milk has everything your baby needs to grow strong and healthy. And it changes according to what your baby needs!

Did you know?

Babies do NOT need water when it is hot outside. Your milk provides all the hydration your baby needs.

Early and exclusive breastfeeding: your milk and nothing else

Early breastfeeding starting within an hour of your baby's birth

- Helps contract the uterus and slow bleeding (important for your recovery)
- Provides antibodies and nutrition to your baby

Exclusive breastfeeding means your baby gets all his or her food and drink from breastfeeding. It is recommended that your baby receives only your milk for the first 6 months. Talk with your healthcare team about your individual needs and goals for infant feeding.

Why no other liquids or solids until 6 months?

- Builds a healthy milk supply and keeps it up
- Protects your baby from sickness and disease



Benefits of breastfeeding

For moms

- Convenient - always warm and ready
- Smart - nothing to buy or prepare
- Linked with lower risk of disease for breast and ovarian cancers, and Type-2 diabetes
- Helps your body recover after delivery
- Increases time before next pregnancy

For babies

- Early milk (colostrum) is the perfect first food
- Provides antibodies to help fight off diseases
- Easy to digest = less cramping and gas

These conditions are less common in babies who are breastfed

- Ear infections
- Diarrhea
- Pneumonia
- Diabetes
- Sudden Infant Death Syndrome
- Stomach infections
- Overweight and obesity
- Childhood cancers
- Heart Disease

Avoid “follow-up” and “weaning” formulas for babies aged 6 months and older. These are costly, high in sugar, and not necessary.



Did you know?

Babies who are breastfed have a lower chance of death from Sudden Infant Death Syndrome (SIDS)

Continued breastfeeding

Begin offering other foods to your baby after a full breastfeed when your baby is 6 months old. The American Academy of Pediatrics recommends continued breastfeeding through at least the first year, and beyond for as long as you and your baby desire. Continued breastfeeding is beneficial for your baby's growth and development, and for protection from diseases for both of you.



Breastfeeding information & tips



Position and latch

Finding your fit

Practice makes perfect! Find the positions that work for you. A good latch helps prevent nipple pain and helps your baby remove milk. Be sure you're comfortable.

Getting started: Leaning Back

Laying belly-to-belly with your baby is the most natural thing to do immediately after birth. When your baby shows signs of trying to find the breast, support this search. He or she will nuzzle up and attach to the breast. Breastfeeding while leaning back comfortably goes along with your baby's natural instincts.



Leaning Back

Other positions



Cross-Cradle Hold



Football Hold



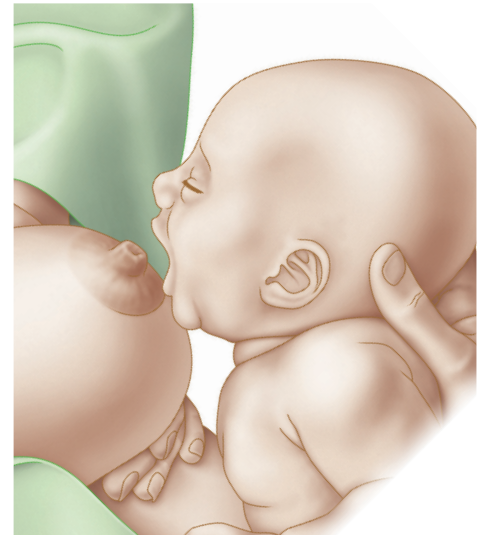
Cradle Hold



Side-Lying

Tips for latching your baby in ANY position

- Support your baby's neck.
- Avoid holding the back of your baby's head - allow your baby to move as he or she needs.
- Baby's ear, shoulder and hips should be in a straight line.
- When your baby opens wide, help him or her onto your nipple. Lean back and relax if you are hunched over.
- Baby's chin should hit breast first.
- Make sure the nipple is deep in your baby's mouth.
- Baby's nose may touch the breast during a deep latch.



Tips for getting off to a great start

- Breastfeed as soon as possible after birth.
- Nurse your baby often - as often as he or she shows signs of hunger (*this should be at least 8 times in 24 hours*).
- Avoid giving pacifiers or bottles until breastfeeding is going well.
- Ask for support from your nurse or a lactation consultant.
- Watch your baby - not the clock - to know when to feed.



Learn hand expression - ask for help

- Hand expression is a technique to express milk from your breasts to feed to your baby or store for later.
- The amount will be just drops in the beginning and increase as you have more milk supply.
- You can also express a drop onto your nipple for your baby to smell and taste before feeding.
- Hand expression can increase your milk supply and encourage your mature milk to come in faster.

Online hand expression resources may be helpful:

<http://bit.ly/ExpressionVideo>

<https://bit.ly/ExpressionVideo2>





Breastfeeding information & tips

Making and maintaining your milk



Your first milk (colostrum) is thick and golden. Early milk comes in very small amounts – yet is full of nutrients and proteins that boost your baby’s immune system. Your milk will change over the first 3-5 days into larger amounts of mature milk, which has more water to satisfy your baby’s thirst.

When the amount of milk increases, it is often referred to as your milk “coming in”. This is misleading because your breasts were not empty before this time – they already have milk in them.

Move it or lose it!

- Making a full supply of milk requires frequent removal of milk from your breasts.
- If milk is NOT removed from your breasts, your body is given the message to make less milk.
- You should use breast massage, hand expression and/or pumping to remove milk (and keep making milk) if you are separated from your baby.

Did you know?

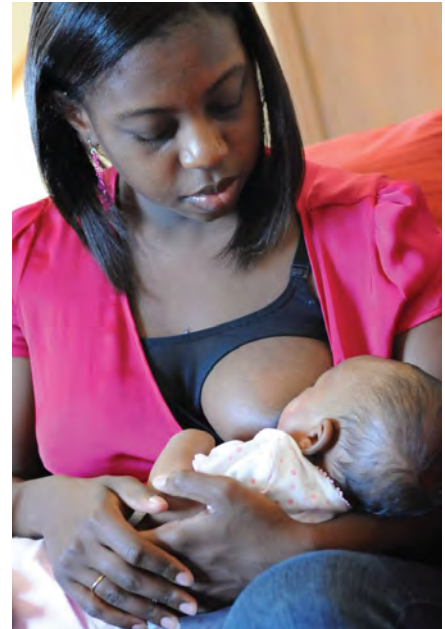
Introducing formula can decrease your milk supply.

Tonya’s Story

At first, Tonya didn’t want to breastfeed because she had heard it could hurt. But with all the health benefits for her baby and herself, she decided to try. After her baby was born, she did try, and just as she expected, it did hurt her nipples a bit. Her lactation consultant and peer counselor helped to find the source of the pain and make changes to reduce the discomfort. This helped, but then a few days postpartum she felt pain in both breasts. Again, she got help from a skilled support person, and was able to stick with it. In a couple of weeks all the discomforts were gone and never came back. Tonya is still breastfeeding at a year out and is very happy she continued – the discomfort in the beginning was worth it!

Signs your baby is getting enough milk

- Your baby is deeply attached onto your breast and you are comfortable while feeding.
- Your baby breastfeeds with steady sucking and swallowing.
- Your breasts soften during a feeding
- Your baby is content after a feeding.
- Your baby's pees and poops are consistent with the information given to you at the maternity center.
- Your baby's stools change from greenish-black to pale yellow, soft, and seedy looking over the first week (when you are exclusively breastfeeding).
- Your baby's weight is normal and healthy, according to a lactation or other healthcare professional.



Call your baby's provider if:

- Your baby eats less than 8 times in 24 hours.
- Your baby is too sleepy to wake for feeds.
- Feeding your baby is painful.
- Your baby never seems satisfied.
- Feedings last longer than one hour.
- Your breasts are hard, tight, and painful (engorged).
- Your baby has problems attaching onto your breast or staying attached.
- Your baby has not regained his or her birth weight by 2 weeks of age.
- You are not confident your baby is feeding well.

It is common for babies to lose weight in the first week of life. They should regain their birth weight by 10–14 days.!

Let's Review: WHY do these Practices?

Stay Healthy

- Helps baby grow and develop
- Protects baby from birth defects
- Helps you feel good

Skin-to-Skin

- Keeps your baby warm and secure
- Helps to keep baby's blood sugar up and breathing steady
- Easier to bond and breastfeed
- Helps to calm your baby

Breastfeed

- Provides antibodies for baby's health
- Provides the perfect nutrition
- Protects mothers from diseases
- Helps to slow postpartum bleeding
- Easy for baby to digest

Only give breastmilk

- Keeps your milk supply up
- Protects baby from sickness and disease



Room-In 24/7 at hospital

- Easier to learn your baby's feeding cues
- Easier to bond and get to know each other
- Helps you to learn to care for your baby
- Encourages milk production

Feed on cue

- Helps bring in a good milk supply
- Prevents under- or overfeeding
- Helps baby feel safe and cared for
- Helps baby feel content and satisfied

Get a good latch

- Prevents nipple pain or damage
- Helps baby get more milk
- Improves milk supply



Back home with your new baby

The first few weeks

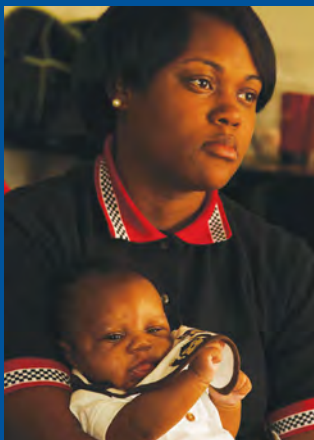
Changes for the whole family

- Plan to nest in with your family after getting home.
- Be sure you get plenty of fluids, foods, and rest.
- Give yourself permission take care of yourself and your baby. Put other responsibilities aside.
- Limit visitors and phone calls.



Build your village

- Set up a network of support BEFORE your baby is born that can help you when you get home (consider your neighbors, coworkers, friends, and family).
- Ask someone you know to organize frequent delivery of meals for your family.
- Tell family that you will need help getting as much sleep as you can, and with household chores, such as laundry and cleaning.
- Consider setting up play dates or child care for your other children.
- Arrange rides for your appointments or other errands ahead of time.
- Find out where and when postpartum support groups meet in your area.
- Sad or Worried? You are not alone. Talk about your feelings to your healthcare provider. Seek help early, don't wait.



Mental health in pregnancy and postpartum

Many women may feel mild changes in their mood after giving birth. About 15-20% of women experience significant depression or anxiety with symptoms that generally last more than 2 weeks while pregnant or up to a year postpartum. If you are suffering, know that you are not alone, and you are not to blame. With help, you will get better. Talk to your healthcare provider. You may also need to seek out extra support with meeting your infant's care needs and your own health needs. Postpartum Support International has helpful information and a hot line for help (see Resources on page 22.).



Back home with your new baby

Preparing for other caregivers

Going back to work or school

Talk to your supervisor about your postpartum plans

Learn about and take advantage of all available leave.

Tell your boss or advisor you will continue breastfeeding after coming back to work.

Remind them that a breastfed baby is less likely to get sick, so you will not miss as many days from work.

Find out if you can bring your baby to work or if there is child care at your workplace.

Locate a lactation room to use

Ask your supervisor for help in designating a space if there isn't already one nearby. It should have a comfortable chair, an electrical outlet and a private door (NOT a bathroom). Most businesses are required by law to provide a space for you to pump.

Arrange use of a pump

Inquire with your insurance provider about your eligibility for a personal electric breast pump.

Your hospital, employer, or local WIC office may have pumps for rent. Manual pumps are also available.

**A little planning goes a long way.
See Resources on page 22 for help.**



Choosing child care

Look for a child care center close by so that you may visit your baby during the day to breastfeed.

Find a care provider that supports breastfeeding and is familiar with storing and feeding breastmilk.

Practice expressing, storing and feeding your milk

Begin expressing and bottle feeding your milk after breastfeeding is well established. Start practicing a few weeks before you plan to return to work.

If using a pump, make sure it fits well - it should not cause pain. The plastic attachments come in several sizes.

Collect your milk, date it, and store it in the back of the freezer in small amounts (approximately 2 oz. per container).

Practice having another caregiver feed your milk at a slow pace so that your baby can show signs of fullness.

Just for partners and loved ones

Breastfeeding is a team effort

LEARN about breastfeeding ahead of time

Ask to be included in discussions with healthcare providers about breastfeeding. This should start before the baby is born.

Attend a breastfeeding class with the expectant mother in your life.

Locate a support group for families in your area.

SUPPORT the new mother in your life

Limit the number of visitors in the first weeks of the baby's life. Mothers may feel overwhelmed and will appreciate the private time to adjust to the new baby.

Help with household chores such as food preparation, garbage/diaper disposal and cleaning.

Support mom's goals with breastfeeding and help her get support if she is having troubles.

PROVIDE Comfort for Mom and Baby

Make sure mom is comfortable while breastfeeding and has had plenty to eat and drink. Provide a tray of snacks and water that she can reach.

Talk, sing, and hum to the new baby in a soft calm voice. Use eye contact.

Bond with the baby by giving baths, practicing skin-to-skin contact, wearing the baby in a baby-carrier, and learning techniques to gently massage the baby.



Kevin's Story

A first-time parent, Kevin, was excited to take care of his newborn baby. He thought giving his baby a bottle would give his partner a rest from breastfeeding, and help his baby get to know him. While he wanted to support his partner, he learned that giving newborns formula actually interrupts the natural process of breastfeeding, and could lower her milk supply. Kevin is still committed to supporting his partner with breastfeeding. Now, he is having a great time exploring the many different things he can do to bond with his newborn. His favorite so far is holding his baby skin-to-skin on his chest.



Back home with your new baby

Common Concerns

Anytime you have concerns about your baby's health or well being, contact your healthcare provider.



I am not sure I have enough milk

A common reason for low-milk supply is infrequent feeding. In the early days and weeks, your baby may need to eat every 1-2 hours, or more. Twelve feedings in 24 hours is not uncommon. Feeding your baby “on cue” early on helps to bring in a full milk supply and maintain it. Another reason for low-milk supply is that the baby is not latched well to your breast and is not removing all the milk she could be getting.

If you think your baby might not be getting enough milk, please seek help from your healthcare provider or a lactation consultant. Refer to the list on page 15, “Call your baby’s provider if”

I think my baby is still hungry after I breastfeed

All babies will have periods of fussiness and crying throughout the day and night. There may be a specific time of day when you notice your baby’s fussiness increasing. This is normal, and may not be due to hunger. Immature digestion can cause some discomfort to many new babies. If your baby is upset right after a full feeding or is not gaining weight, please contact your healthcare provider or a lactation consultant to determine if your baby is getting enough milk during a feed.

My baby is having trouble with nursing

Breastfeeding is a learned art that takes a lot of practice and support for many mothers and babies. Usually, it gets much easier and more enjoyable once you both get the hang of it and each other. Getting support from a friend who breastfeeds, a mothers support group, a peer counselor or a lactation consultant can help you continue to meet your breastfeeding goals.

It is painful to breastfeed

Discomfort during breastfeeding should be minimal. Painful breastfeeding is not normal. Many times, painful breastfeeding is relieved by improving the baby’s latch. If your nipples are very sore, cracked or bleeding, please contact a lactation consultant for a feeding assessment. In the meantime, review pages 12-13, and try to ensure your baby is latched-on well.

I think giving formula might solve my problem

If you are struggling with this decision, please contact a lactation consultant or your healthcare provider to reassess your feeding goals. It is important that your baby stays well-nourished, and that your decisions are well informed. Also, it is important that you share your feeding plans with your healthcare team so they may provide individual education specifically to meet your needs. Feeding any amount of formula may decrease your milk supply. Despite what you may hear or read, formula is not a solution for fussiness, gas, or spit-up. These are normal infant behaviors that are common to all babies. Formula can be harder for some babies to digest, which could increase your baby's discomfort.

**My breasts are swollen, hard, heavy, and tender**

If your breasts feel like this, then they are engorged. As milk changes from colostrum to mature milk in the days after delivery, breast tissues may swell. It can be difficult for the milk to be removed from the breast due to the swelling. Breast massage, hand expression, or ice packs on the breasts help to reduce the discomfort and swelling. Feeding your baby frequently keeps the milk flowing during this time, and you will feel more comfortable in 24-48 hours. If you feel feverish or have a hot red spot on your breast, or, if your baby is not able to latch and remove milk, please contact your healthcare provider immediately.

My baby cries a lot

For babies, crying is a natural and normal way for self-expression. It can mean that something is making the baby uncomfortable or unhappy, such as too much activity or handling, a dirty diaper, or even tummy pains. It can also mean that the baby just needs to be close to you. Babies who are hungry do cry, but it is a late sign of hunger (see page 9). It is normal to see an increase in periods of infant crying until about 2 months of age, and then those periods will begin to lessen. If you are having a hard time coping with your baby's crying, seek help from your partner, family, friends, or healthcare provider. NEVER shake a baby. Try skin-to-skin contact and gentle noises.

My baby wakes up a lot at night

Night waking is normal and healthy for newborns. Babies don't know night from day yet. When your baby wakes up at night she may be uncomfortable, hungry, or in need of help getting back to sleep. Hold your baby close as you determine what your baby needs. Always follow safe-sleep recommendations and avoid falling asleep with your baby on a sofa or chair. See also page 23 for Infant Sleep on-line resources.



Back home with your new baby

Resources for support

Nationwide help at your fingertips

Domestic Violence

National Domestic Violence Hot line
TheHotline.org
800-799-SAFE for 24/7 confidential help

Depression and Mood Disorders

Postpartum Support International
Postpartum.net | 800-944-4773

Questions about Pregnancy and Birth

Lamaze International | Lamaze.org

Doulas of North America

Dona.org

Smoking, Alcohol and Drugs

March of Dimes
MarchOfDimes.com/Pregnancy/Is-it-safe.aspx
US Dept. of Health and Human Services
Women.Smokefree.gov

Medication Use

During Pregnancy | Centers for Disease Control and Prevention (CDC)
Cdc.gov/Pregnancy/Meds

While Breastfeeding | March of Dimes

MarchOfDimes.org/Baby/Keeping-breast-milk-safe-and-healthy.aspx

LactMed Drugs and Lactation Database

Ncbi.Nlm.Nih.gov/Books/NBK501922/

Adoptive Parenting

Adoptive Families
AdoptiveFamilies.com

Teen Parenting

Sexual Health Initiative for Teens
ShiftNc.org/Resources/For-young-parents

Preterm Labor & Premature Birth

March of Dimes
MarchOfDimes.org/Complications/Preterm-labor-and-premature-birth-are-you-at-risk.aspx

LGBTQ Parenting

Human Rights Campaign
Hrc.org/Explore/Topic/Parenting

Women, Infants, and Children (WIC) Program

Fns.Usda.gov/WIC

Infant Feeding Guidelines

World Health Organization (WHO)
Who.Int/Topics/Breastfeeding/en
American Academy of Pediatrics (AAP)
Aap.org/Breastfeeding



Breastfeeding Questions

Office on Women's Health
[WomensHealth.gov/Breastfeeding](https://www.womenshealth.gov/breastfeeding)
Phone Helpline: 800-994-9662
M-F 9 a.m.–6 p.m. (eastern time)
La Leche League (LLL)
[Lli.org](https://www.llli.org) (Click on Resources tab)

Finding a Breastfeeding Mothers' Support Group

La Leche League (LLL)
[Lli.org](https://www.llli.org) (enter your address into the map)
Mocha Moms | [MochaMoms.org](https://www.mochamoms.org)
Baby Cafe | [BabyCafeUsa.org](https://www.babycafeusa.org)
Breastfeeding USA | [BreastFeedingUsa.org](https://www.breastfeedingusa.org)

Finding a Lactation Consultant

International Lactation Consultant Association
[Ilca.org](https://www.ilca.org)
African American Breastfeeding Support
Office on Women's Health—It's Only Natural
[WomensHealth.gov/Its-only-natural](https://www.womenshealth.gov/its-only-natural)

Donor Human Milk Information

Human Milk Banking Association of America (HMBANA) | [Hmbana.org](https://www.hmbana.org)
National and State Breastfeeding Laws
National Conference of State Legislatures
[Ncsl.org/Research/Health/Breastfeeding-state-laws.aspx](https://www.ncsl.org/Research/Health/Breastfeeding-state-laws.aspx)
United States Breastfeeding Committee
[USBreastfeeding.org](https://www.usbreastfeeding.org)

Nutrition Guidelines

MyPlate's Moms and Moms-to-be
[ChooseMyPlate.gov/Moms-pregnancy-breastfeeding](https://www.choosemyplate.gov/moms-pregnancy-breastfeeding)



Milk Storage Guidelines

Centers for Disease Control and Prevention
[CDC.gov/Breastfeeding/Recommendations/Handling_breastmilk.htm](https://www.cdc.gov/breastfeeding/recommendations/handling-breastmilk.htm)

Infant Sleep

Centers for Disease Control and Prevention
[CDC.gov/Vitalsigns/Safesleep/index.html](https://www.cdc.gov/vitalsigns/safesleep/index.html)
National Institutes of Health
[Nichd.nih.gov/sts/Pages/Default.aspx](https://www.nichd.nih.gov/sts/Pages/Default.aspx)

Infant Crying

ZERO to THREE
[ZeroToThree.org/Resources/197-colic-and-crying](https://www.zerotothree.org/resources/197-colic-and-crying)
The Period of Purple Crying
[PurpleCrying.info](https://www.purplecrying.info)

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