

Getting Started

Breastfeeding Preparation – Believe in Yourself

To prepare for breastfeeding, the most important thing you can do is have confidence in yourself. Committing to breastfeeding starts with the belief that you can do it! The best way for you to gain confidence is to learn everything you can about breastfeeding. The more you learn about breastfeeding, the more confident you will be, and the more likely you are to succeed.

To learn about breastfeeding:

- Talk to other nursing moms
- Read as much as you can about breastfeeding
- Take a breastfeeding class

Finding Support and Information

While breastfeeding is natural, you still may need some advice. There are many sources of support available for breastfeeding mothers. You can seek help from different types of health professionals, organizations, and members of your own family. And don't forget, friends who have successfully breastfed can be a great source of information and encouragement!

Health Professionals Who Help with Breastfeeding

Pediatricians, obstetricians and certified nurse-midwives can help you with breastfeeding. Other special breastfeeding professionals include:

- **International Board Certified Lactation Consultant (IBCLC).** Lactation consultants are credentialed breastfeeding professionals with the highest level of knowledge and skill in breastfeeding support. IBCLCs are experienced in helping mothers to breastfeed comfortably by helping with positioning, latch, and a wide range of breastfeeding concerns. Many IBCLCs are also nurses, doctors, speech therapists, dietitians, or other kinds of health professionals. Ask your hospital or birthing center for the name of a lactation consultant who can help you. Or, you can go to <http://www.ilca.org> to find an IBCLC in your area.

- **Breastfeeding Peer Counselor or Educator.** A breastfeeding counselor can teach others about the benefits of breastfeeding and help women with basic breastfeeding challenges and questions. A “peer” means a person who has breastfed her own baby and is available to help other mothers. Some breastfeeding educators have letters after their names like CLC (Certified Lactation Counselor) or CBE (Certified Breastfeeding Educator). Educators have special breastfeeding training but not as much as IBCLCs. These professionals still can be quite helpful.
- **Doula (DOO-la).** A doula is professionally trained and experienced in giving social support to birthing families during pregnancy, labor, birth and at home during the first few days or weeks after birth. Doulas who are trained in breastfeeding can help you be more successful with breastfeeding after birth.

Mother-to-Mother Support

Other breastfeeding mothers can be a great source of support. Mothers can share tips and offer one another encouragement. There are many ways you can connect with other breastfeeding mothers:

- Ask your health care provider or hospital staff to recommend a support group.
- Search your phone book or the Internet for a breastfeeding center near you. These centers may offer support groups.
- Find a local La Leche League support group by visiting the organization's website at <http://www.llli.org/>.
- Search the Internet for breastfeeding message boards and chats. (These resources can be great for sharing tips, but do not rely on websites for medical advice – talk to your health care provider.)

Nipple Types

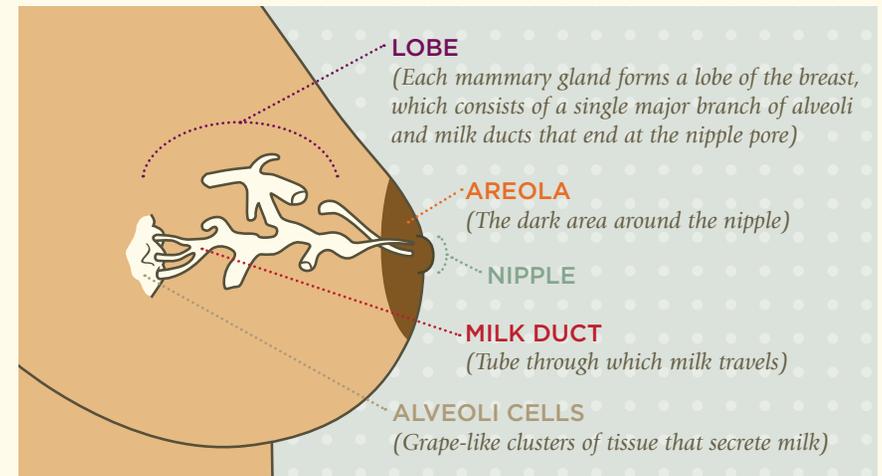
In addition to learning everything you can about breastfeeding, it is a good idea to check what kind of nipples you have. You can do this by performing a simple “pinch” test: Hold your breast at the edge of the areola between your thumb and index finger. Press in gently but firmly about an inch behind your nipple. If your nipple protrudes, it is normal and will probably not cause any problems when you nurse your baby. If it does not protrude it is considered flat. If it retracts or disappears, it is inverted. You can also ask your doctor to examine you and

determine if you have flat or inverted nipples. Having flat or inverted nipples will not prevent you from breastfeeding, but it may present some additional challenges. If you suspect you have flat or inverted nipples, talk with a lactation consultant or other healthcare provider and ask about options and advice for dealing with them.

How Breast Milk Is Made

Knowing how the breast works to produce milk can help you understand the breastfeeding process. The breast itself is a gland that is made up of several parts, including:

- **Glandular tissue** – body tissue that makes and releases one or more substances for use in the body. Some glands make fluids that affect tissues or organs. Others make hormones or assist with blood production. In the breast, this tissue is involved in milk production.
- **Connective tissue** – a type of body tissue that supports other tissues and binds them together. This tissue provides support in the breast.
- **Blood** - fluid in the body made up of plasma, red and white blood cells and platelets. Blood carries oxygen and nutrients to and waste materials away from all body tissues. In the breast, blood nourishes the breast tissue and provides nutrients needed for milk production.
- **Lymph** – the almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. Lymph tissue in the breast helps remove waste.
- **Nerves** – cells that are the building blocks of the nervous system (the system that records and transmits information chemically and electrically within a person). Nerve tissue in the breast makes breasts sensitive to touch, allowing the baby's sucking to stimulate the let-down or milk-ejection reflex and milk production.
- **Fatty tissue** – connective tissue that contains stored fat. It is also known as adipose tissue. Fatty tissue in the breast protects the breast from injury. Fatty tissue is what mostly affects the size of a woman's breast. Breast size does not have an effect on the amount of milk or the quality of milk a woman makes.



Special cells inside your breasts make milk. These cells are called alveoli (al-VEE-uh-leye). When your breasts become fuller and tender during pregnancy, this is a sign that the alveoli are getting ready to work. Some women do not feel these changes in their breasts. Others may sense these changes after their baby is born.

The alveoli make milk in response to the hormone prolactin (proh-LAK-tin). Prolactin rises when the baby suckles. Another hormone, oxytocin (oks-ee-TOH-suhn), causes small muscles around the cells to contract and move the milk through a series of small tubes called milk ducts. This moving of the milk is called let-down reflex.

Oxytocin also causes the muscles of the uterus to contract during and after birth. This helps the uterus to get back to its original size. It also lessens any bleeding a woman may have after giving birth. The release of both prolactin and oxytocin may be responsible in part for a mother's intense feeling of needing to be with her baby.

What is a let-down reflex?

A let-down reflex or milk ejection reflex is a conditioned reflex ejecting milk from the alveoli through the ducts to the sinuses of the breast and the nipple. This reflex makes it easier to breastfeed your baby. Let-down happens a few seconds to several minutes after you start breastfeeding your baby. It can happen a few times during a feeding, too. You may feel a tingle in your breast or you may feel a little uncomfortable. Keep in mind that some women don't feel anything.

Let-down can happen at other times, too, such as when you hear your baby cry or when you may just be thinking about your baby. If your milk lets down as more of a gush and it bothers your baby, try expressing some milk by hand before you start breastfeeding.

Learning to Breastfeed

Breastfeeding is a process that takes time to master. Babies and mothers need to practice. Keep in mind that you make milk in response to your baby sucking at the breast. The more milk your baby removes from the breasts, the more milk you will make.

After you have the baby, these steps can help you get off to a great start:

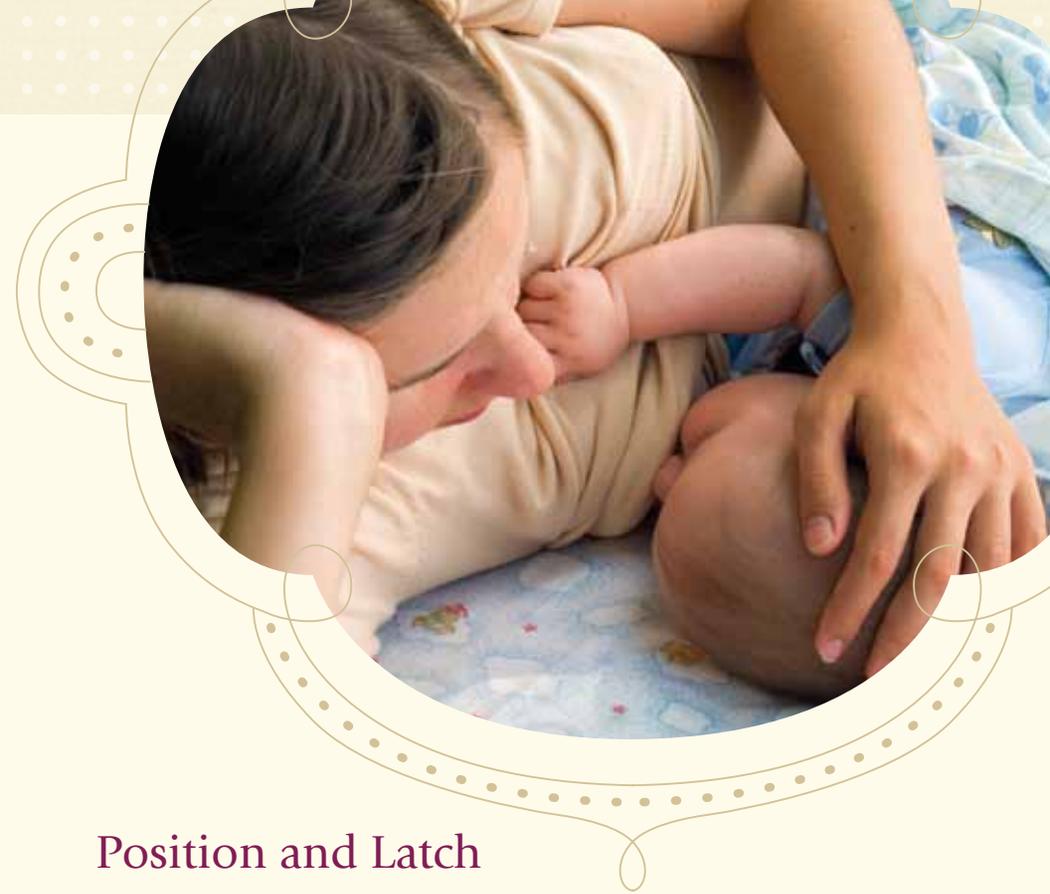
- Breastfeed as soon as possible after birth.
- Ask for an on-site lactation consultant to come help you.
- Ask the staff not to give your baby other food or formula, unless it is medically necessary.
- Allow your baby to stay in your hospital room all day and night so that you can breastfeed often. Or, ask the nurses to bring your baby to you for feedings.
- Try to avoid giving your baby any pacifiers or artificial nipples so that he or she gets used to latching onto just your breast.

How often should I breastfeed?

Early and often! Breastfeed as soon as possible after birth, then breastfeed at least 8 to 12 times every 24 hours to make plenty of milk for your baby. This means that in the first few days after birth, your baby will likely need to breastfeed about every hour or two in the daytime and a couple of times at night. Healthy babies develop their own feeding schedules. Follow your baby's cues for when he or she is ready to eat.

How long should feedings be?

Feedings may be 15 to 20 minutes or longer per breast. But there is no set time. Your baby will let you know when he or she is finished. If you are worried that your baby is not eating enough, talk to your baby's doctor.



Position and Latch

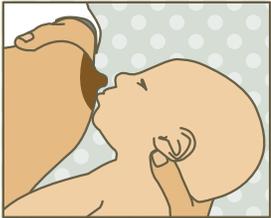
Bringing Your Baby to the Breast

When awake, your baby will move his or her head back and forth, looking and feeling for the breast with his or her mouth and lips. The steps below can help you get your baby to “latch” on to the breast to start eating. Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you.

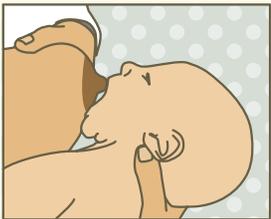
- Hold your baby, wearing only a diaper, against your bare chest. Hold the baby upright with his or her head under your chin. Your baby will be comfortable in that cozy valley between your breasts. You can ask your partner or a nurse to place a blanket across your baby's back and bring your bedcovers over you both. Your skin temperature will rise to warm your baby.
- Support his or her neck and shoulders with one hand and hips with the other. He or she may move in an effort to find your breast.
- Your baby's head should be tilted back slightly to make it easy to suck and swallow. With his or her head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.

- Allow your breast to hang naturally. When your baby feels it with his or her cheek, he or she may open his or her mouth wide and reach it up and over the nipple. You can also guide the baby to latch on as you see in these illustrations.
- At first, your baby's nose will be lined up opposite your nipple. As his or her chin presses into your breast, his or her wide open mouth will get a large mouthful of breast for a deep latch. Keep in mind that your baby can breathe at the breast. The nostrils flare to allow air in.
- Tilt your baby back, supporting your baby's head, upper back, and shoulders with the palm of your hand and pull your baby in close.

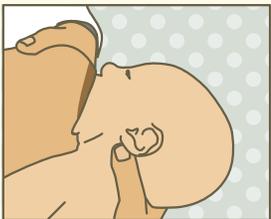
Getting your baby to latch:



Tickle the baby's lips to encourage him or her to open wide.



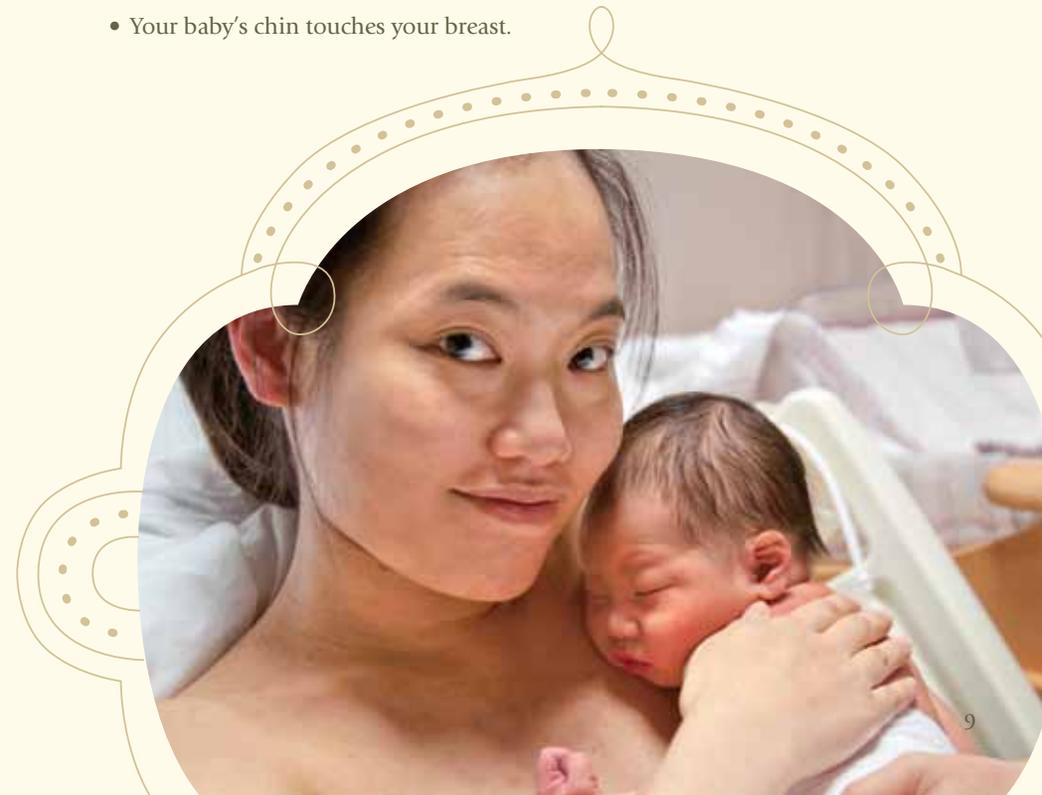
Pull your baby close so that the chin and lower jaw moves into your breast first.



Watch the lower lip and aim it as far from the base of the nipple as possible, so the baby takes a large mouthful of breast.

Signs of a good latch

- The latch feels comfortable to you, without hurting or pinching. How it feels is more important than how it looks.
- Your baby's chest is against your body and he or she does not have to turn his or her head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.
- When your baby is positioned well, his or her mouth will be filled with breast.
- The tongue is cupped under the breast, although you might not see it.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby's ears "wiggle" slightly.
- Your baby's lips turn out like fish lips, not in. You may not even be able to see the bottom lip.
- Your baby's chin touches your breast.



Help with latch problems

Are you in pain?

Many moms report that their breasts can be tender at first until both they and their baby find comfortable breastfeeding positions and a good latch. Once you have done this, breastfeeding should be comfortable. If it hurts, your baby may be sucking on only the nipple. Gently break your baby's suction to your breast by placing a clean finger in the corner of your baby's mouth and try again. Also, your nipple should not look flat or compressed when it comes out of your baby's mouth. It should look round and long or the same shape as it was before the feeding.

Are you or your baby frustrated?

Take a short break and hold your baby in an upright position. Try holding him or her between your breasts skin to your skin. Talk, sing, or provide your finger for sucking for comfort. Try to breastfeed again in a little while. Or, the baby may start moving to the breast on his or her own from this position.

Does your baby have a weak suck or make only tiny suckling movements?

Break your baby's suction and try again. He or she may not have a deep enough latch to remove the milk from your breast. Talk with a lactation consultant or pediatrician if your baby's suck feels weak or if you are not sure he or she is getting enough milk. Rarely, a health problem causes the weak suck.

Breastfeeding Holds

Some moms find that the following positions are helpful ways to get comfortable and support their babies in finding a good latch. You also can use pillows under your arms, elbows, neck, or back to give you added comfort and support. Keep in mind that what works well for one feeding may not work well for the next. Keep trying different positions until you are comfortable.



CRADLE HOLD

An easy, common hold that is comfortable for most mothers and babies. Hold your baby with his or her head on your forearm and his or her whole body facing yours.



CROSS CRADLE OR TRANSITIONAL HOLD

Useful for premature babies or babies with a weak suck because it gives extra head support and may help babies stay latched. Hold your baby along the opposite arm from the breast you are using. Support your baby's head with the palm of your hand at the base of his or her neck.



CLUTCH OR "FOOTBALL" HOLD

Useful for mothers who had a c-section and mothers with large breasts, flat or inverted nipples or a strong let-down reflex. It is also helpful for babies who prefer to be more upright. This hold allows you to better see and control your baby's head and to keep the baby away from a c-section incision. Hold your baby at your side, lying on his or her back, with his or her head at the level of your nipple. Support baby's head with the palm of your hand at the base of the head. (The baby is placed almost under the arm.)



SIDE-LYING POSITION

Useful for mothers who had a c-section or to help any mother get extra rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

Tips for Making It Work

- 1 Learn your baby's hunger signs.** When babies are hungry, they become more alert and active. They may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast. If anything touches the baby's cheek — such as a hand — the baby may turn toward the hand, ready to eat. This sign of hunger is called rooting. Offer your breast when your baby shows rooting signs. Crying can be a late sign of hunger, and it may be harder to latch once the baby is upset. Over time, you will be able to learn your baby's cues for when to start feeding.
- 2 Follow your baby's lead.** Make sure you are both comfortable and follow your baby's lead after he or she is latched on well. Some babies take both breasts at each feeding. Other babies only take one breast at a feeding. Help your baby finish the first breast, as long as he or she is still sucking and swallowing. This will ensure the baby gets the "hind" milk – the fattier milk at the end of a feeding. Your baby will let go of the breast when he or she is finished and often falls asleep. Offer the other breast if he or she seems to want more.
- 3 Keep your baby close to you.** Remember that your baby is not used to this new world and needs to be held very close to his or her mother. Being skin to skin helps babies cry less and stabilizes the baby's heart and breathing rates.
- 4 Avoid nipple confusion.** Avoid using pacifiers, bottles, and supplements of infant formula in the first few weeks unless there is a medical reason to do so. If supplementation is needed, try to give expressed breast milk first. But it's best just to feed at the breast. This will help you make milk and keep your baby from getting confused while learning to breastfeed.
- 5 Sleep safely and close by.** Have your baby sleep in a crib or bassinet in your room, so that you can breastfeed more easily at night. Sharing a room with parents is linked to a lower risk of SIDS (sudden infant death syndrome).
- 6 Know when to wake the baby.** In the early weeks after birth, you should wake your baby to feed if 4 hours have passed since the beginning of the last feeding. Some tips for waking the baby include:
 - Changing your baby's diaper
 - Placing your baby skin to skin
 - Massaging your baby's back, abdomen, and legs

If your baby is falling asleep at the breast during most feedings, talk to the baby's doctor about a weight check. Also, see a lactation consultant to make sure the baby is latching on well.

* HOW LONG SHOULD I BREASTFEED?

Many leading health organizations recommend that most infants breastfeed for at least 12 months, with exclusive breastfeeding for the first 6 months. This means that babies are not given any foods or liquids other than breast milk for the first 6 months. These recommendations are supported by organizations including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, American Dietetic Association, and American Public Health Association.

Making Plenty of Milk

Your breasts will easily make and supply milk directly in response to your baby's needs. The more often and effectively a baby breastfeeds, the more milk will be made. Babies are trying to double their weight in a few short months, and their tummies are small, so they need many feedings to grow and to be healthy.

Most mothers can make plenty of milk for their baby. If you think you have a low milk supply, talk to a lactation consultant. See page 2 for other types of health professionals who can help you.

What will happen with you, your baby and your milk in the first few weeks.

TIME	MILK	THE BABY	YOU (MOM)
BIRTH	Your body makes colostrum (a rich, thick, yellowish milk) in small amounts. It gives your baby a healthy dose of early protection against diseases.	Will probably be awake in the first hour after birth. This is a good time to breastfeed your baby.	You will be tired and excited.
FIRST 12-24 HOURS	Your baby will drink about 1 teaspoon of colostrum at each feeding. You may or may not see the colostrum, but it has what the baby needs and in the right amount.	It is normal for the baby to sleep heavily. Labor and delivery are hard work! Some babies like to nuzzle and may be too sleepy to latch well at first. Feedings may be short and disorganized. As your baby wakes up, take advantage of your baby's strong instinct to suck and feed every 1-2 hours. Many babies like to eat or lick, pause, savor, doze, then eat again.	You will be tired, too. Be sure to rest.
NEXT 3-5 DAYS	Your white milk comes in. It is normal for it to have a yellow or golden tint first. Talk to a doctor and lactation consultant if your milk is not yet in.	Your baby will feed a lot (this helps your breasts make plenty of milk), at least 8-12 times or more in 24 hours. Very young breastfed babies don't eat on a schedule. Because breast milk is more easily digested than formula, breastfed babies eat more often than formula-fed babies. It is okay if your baby eats every 2-3 hours for several hours, then sleeps for 3-4 hours. Feedings may take about 15-20 minutes on each side. The baby's sucking rhythm will be slow and long. You might hear gulping.	Your breasts may feel full and leak. (You can use disposable or cloth pads in your bra to help with leaking.)
THE FIRST 4-6 WEEKS	White breast milk continues.	Your baby will likely be better at breastfeeding and have a larger stomach to hold more milk. Feedings may take less time and will be farther apart.	Your body gets used to breastfeeding so your breasts will be softer and the leaking may slow down.

How to Know Your Baby Is Getting Enough Milk

Many babies, but not all, lose a small amount of weight in the first days after birth. Your baby's doctor will check his or her weight at your first visit after you leave the hospital. Make sure to visit your baby's doctor within three to five days after birth and then again at two to three weeks of age for checkups.

You can tell if your baby is getting plenty of milk if he or she is mostly content and gaining weight steadily after the first week of age. From birth to three months, typical weight gain is 2/3 to 1 ounce each day.

Other signs that your baby is getting plenty of milk:

- He or she is passing enough clear or pale yellow urine, and it's not deep yellow or orange (see the chart below).
- He or she has enough bowel movements (see the chart below).
- He or she switches between short sleeping periods and wakeful, alert periods.
- He or she is satisfied and content after feedings.
- Your breasts feel softer after you feed your baby.
- Talk to your baby's doctor if you are worried that your baby is not eating enough.



Minimum number of wet diapers and bowel movements in a baby's first week (it is fine if your baby has more) (1 day = 24 hours)

Baby's Age	# of Wet Diapers	# of Bowel Movements	Color and Texture of Bowel Movements
Day 1 (first 24 hours after birth)	1	The first one usually occurs within 8 hours after birth	Thick, tarry, and black
Day 2	2	3	Thick, tarry, and black
Day 3	5-6	3	Looser greenish to yellow (color may vary)
Day 4	6	3	Yellow, soft, and watery
Day 5	6	3	Loose and seedy, yellow color
Day 6	6	3	Loose and seedy, yellow color
Day 7	6	3	Larger amounts of loose and seedy, yellow color

HOW MUCH DO BABIES TYPICALLY EAT?

A newborn's tummy is very small, especially in the early days. Once breastfeeding is established, exclusively breastfed babies from 1 to 6 months of age take in between 19 and 30 ounces per day. If you breastfeed 8 times per day, the baby would eat around 3 ounces per feeding. Older babies will take less breastmilk as other food is introduced. Every baby is different, though.

THE NEWBORN TUMMY

At birth, the baby's stomach can comfortably digest what would fit in a hazelnut (about 1-2 teaspoons). In the first week, the baby's stomach grows to hold about 2 ounces or what would fit in a walnut.



Breast Milk Collection and Storage

How do I collect and store milk?

The best time to collect milk is between feedings or in the morning when you have a lot of milk. Always collect milk in a clean container. You don't have to collect it all at once.

Keep the milk in the refrigerator and add to it during the day. When you have 2-4 ounces, store it in a clean reusable bottle with a tight cap or breastmilk storage bag. Mark the date on it. Use the oldest first.

- Thaw frozen milk under warm running water.
- Never thaw in a microwave.
- Do not re-freeze breastmilk.
- Thawed milk should be used within 4 hours.

BREASTMILK STORAGE GUIDE

Room Temperature	6 – 8 hours
Insulated Cooler Bag	24 hours
Refrigerator	5 days
Freezer of one door refrigerator	2 weeks
Freezer of two door refrigerator	3 – 6 months
Chest or Deep Freezer	6 – 12 months



Separation From the Baby

Going Back to Work/School

Planning ahead for your return to work can help ease the transition. Learn as much as you can ahead of time and talk with your employer about your options. This can help you continue to enjoy breastfeeding your baby long after your maternity leave is over.

During Pregnancy

- Join a breastfeeding support group to talk with other mothers about breastfeeding while working.
- Talk with your supervisor about your plans to breastfeed. Discuss different types of schedules, such as starting back part time at first or taking split shifts.
- Find out if your company provides a lactation support program for employees. If not, ask about private areas where you can comfortably and safely express milk. The Affordable Care Act (health care reform) supports work-based efforts to assist nursing mothers.
- Ask the lactation program director, your supervisor, wellness program director, employee human resources office or other coworkers if they know of other women at your company who have breastfed after returning to work.

After the Baby Is Born

- Follow the steps on page 12 to set up a breastfeeding routine that works for you and your baby.
- Ask for help from a lactation consultant or your doctor, if you need it.

During Your Maternity Leave

- Take as many weeks off as you can. At least six weeks of leave can help you recover from childbirth and settle into a good breastfeeding routine. Twelve weeks is even better.

- Practice expressing your milk by hand or with a quality breast pump. Freeze 2 to 4 ounces at a time to save for your baby after you return to work.
- Help your baby adjust to taking breast milk from a bottle (or cup for infants 3 to 4 months old) shortly before you return to work. Babies are used to nursing with mom, so they usually drink from a bottle or cup when it's given by somebody else.
- See if there is a childcare option close to work, so that you can visit and breastfeed your baby, if possible. Ask if the facility will use your pumped breast milk.
- Talk with your family and your childcare provider about your desire to breastfeed. Let them know that you will need their support.

Back at Work

- Keep talking with your supervisor about your schedule and what is or isn't working for you. Keep in mind that returning to work gradually gives you more time to adjust.
- If your childcare is close by, find out if you can visit to breastfeed over lunch.
- When you arrive to pick up your baby from child care, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities.
- If you are having a hard time getting support, talk to your human resources department. You can also ask a lactation consultant for tips.

Get a Quality Breast Pump

- A good-quality electric breast pump may be your best strategy for efficiently removing milk during the workday. Contact a lactation consultant or your local hospital, WIC program or public health department to learn where to buy or rent a good pump. Electric pumps that allow you to express milk from both breasts at the same time reduce pumping time.

Find a Private Place to Express Milk

Work with your supervisor to find a private place to express your milk. The Affordable Care Act (health care reform) supports work-based efforts to assist nursing mothers. The Department of Labor is proposing a new regulation to allow nursing women reasonable break time in a private place (other than a bathroom) to express milk while at work. (Employers with fewer than 50 employees are not required to comply if it would cause the company financial strain.)

If your company does not provide a private lactation room, find another private area you can use. You may be able to use:

- An office with a door
- A conference room
- A little-used closet or storage area

The room should be private and secure from intruders when in use. The room should also have an electrical outlet if you are using an electric breast pump. Explain to your supervisor that it is best not to express milk in a restroom. Restrooms are unsanitary, and there are usually no electrical outlets. It can also be difficult to manage a pump in a toilet stall.

Pumping Tips

It may take time to adjust to pumping breast milk in a work environment. For easier pumping, try these tips for getting your milk to let-down from the milk ducts:

- Relax as much as you can
- Massage your breasts
- Gently rub your nipples
- Visualize the milk flowing down
- Think about your baby — bring a photo of your baby or a blanket or item of clothing that smells like your baby

When to Express Milk

At work, you will need to express and store milk during the times you would normally feed your baby. (In the first few months of life, babies need to breastfeed 8 to 12 times in 24 hours.) This turns out to be about 2 to 3 times during a typical 8-hour work period. Expressing milk can take about 10 to 15 minutes. Sometimes



it may take longer. This will help you make enough milk for your childcare provider to feed your baby while you are at work. The number of times you need to express milk at work should be equal to the number of feedings your baby will need while you are away. As the baby gets older, the number of feeding times may go down. Many women take their regular breaks and lunch breaks to pump. Some women come to work early or stay late to make up the time needed to express milk.

Storing Your Milk

Breast milk is food, so it is safe to keep it in an employee refrigerator or a cooler with ice packs. Talk to your supervisor about the best place to store your milk. If you work in a medical department, do not store milk in the same refrigerators where medical specimens are kept. Be sure to label the milk container with your name and the date you expressed the milk.

Delaware Breastfeeding Rooms

For your convenience WIC sponsors these breastfeeding rooms:

BLUE HEN CORPORATE CENTER WIC Office, Suite 1-C, 655 Bay Road, Dover.....	741-2900
UNIVERSITY PLAZA, CHOPIN BUILDING 258 Chapman Road, Newark, Delaware 19702	
WILLIAMS STATE SERVICE CENTER WIC Clinic, 805 River Road, Dover.....	739-5380
NORTHEAST STATE SERVICE CENTER WIC Clinic, 1624 Jessup St., Wilmington.....	552-3500
HUDSON STATE SERVICE CENTER WIC Clinic, 501 Oglethorpe Road, Newark, DE.....	283-7570
WEST END NEIGHBORHOOD HOUSE WIC Clinic, 710 N. Lincoln St., Wilmington.....	888-5480
MIDDLETOWN HEALTH CENTER WIC Clinic, 214 N. Broad St., Middletown.....	378-5200
LATIN AMERICAN COMMUNITY CENTER 403 N. Van Buren, Wilmington.....	655-7338
CHILDREN AND FAMILIES FIRST 715 Tatnall St., Wilmington.....	654-1088
MILFORD STATE SERVICE CENTER 253 N. E. Front Street Riverwalk Shopping Center, Milford.....	424-7220
SMYRNA STATE SERVICE CENTER 200 S. DuPont Blvd., Ste. 101, Smyrna.....	514-4590
GEORGETOWN STATE SERVICE CENTER 546 S. Bedford Street, Georgetown.....	856-5631

Breastfeeding In Public, Your Rights

Delaware – Public Breastfeeding Law

§ 310. Breast-feeding.

Notwithstanding any provisions of law to the contrary, a mother shall be entitled to breast-feed her child in any location of a place of public accommodation wherein the mother is otherwise permitted.

10 Tips for Nursing in Public

- 1 Practice nursing discreetly at home.
- 2 Watch for hunger signs and nurse before he cries.
- 3 Breastfeed in clean, comfortable places.
- 4 In a restaurant, sit in the corner of a booth.
- 5 Don't lift your breast out of the neck of a shirt.
- 6 Lift your shirt from the bottom.
- 7 Layer a cardigan or jacket over a tee.
- 8 Wear a skirt and top, instead of a dress.
- 9 Use a blanket or nursing cover.
- 10 Nurse while wearing your baby in a sling or wrap.

Delaware WIC offers:

- Certified Lactation Consultants @ 1-800-222-2189
- Breastfeeding Peer Counselors
- Infant Feeding Classes/Support Groups
- Breastfeeding Information and Referrals
- Manual Breastpumps (must meet State qualifications)
- Electric Breastpumps (must meet State qualifications)
- "Cover Me's" (must meet State qualifications)
- Bravado Nursing Bras (must meet State qualifications)

The information contained in this booklet is not intended to replace the advice of a healthcare professional. If you have any questions, please contact your lactation consultant or another healthcare professional.

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DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

WIC Program

QUESTIONS?

Ask your local WIC office or call the state WIC office at

1-800-222-2189

<http://dhss.delaware.gov/dph/chca/dphwichominf01.html>

