Delayed Cord Clamping:  
A Guide for Healthcare Professionals

STEP FOUR: HELP MOTHERS INITIATE BREASTFEEDING WITHIN ONE HOUR OF BIRTH.

There is significant evidence for the positive effects of delayed cord clamping, a practice which facilitates optimal iron stores for infants. The WHO recommends delayed cord clamping unless the infant needs immediate medical attention. The American College of Obstetrics and Gynecologists (ACOG) recommends delayed cord clamping for all healthy infants for at least 30-60 seconds after birth given the numerous benefits to most newborns. The American Academy of Pediatrics (AAP) endorses the ACOG recommendations. Each facility is encouraged to look at the circumstances within their institution and determine if they are able to provide delayed umbilical cord clamping safely.

Health Benefits of Delayed Cord Clamping:

Term Infants
- Higher hemoglobin levels in early neonatal period
- Lower rates of anemia at 4 months of age
- Higher ferritin levels at 2-4 months of age
- Higher iron stores at 2-4 months of age
- Increased transfer of vital stem cells

Preterm Infants
- Improved transitional circulation
- Better establishment of red blood cell volume
- Decreased need for blood transfusion
- Lower incidence of necrotizing enterocolitis and intraventricular hemorrhage

• Need for maternal blood transfusions
• Maternal retained placenta
• Infant Apgar scores, need for resuscitation, or umbilical cord pH values
• Frequency of neonatal respiratory distress
• Incidence of neonatal polycythemia, severe intraventricular hemorrhage or periventricular leukomalacia

Considerations regarding Delayed Cord Clamping after birth

• There is a small increase in the incidence of jaundice that requires phototherapy in term infants undergoing delayed umbilical cord clamping. Consequently, obstetric care providers adopting delayed umbilical cord clamping in term infants should ensure that mechanisms are in place to monitor and treat neonatal jaundice.

• Delayed umbilical cord clamping does not increase the risk of postpartum hemorrhage.

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Regarding Umbilical Cord Blood Banking

• The current indications for cord blood transplant are limited to select genetic, hematologic, and malignant disorders.

• Umbilical cord blood collection should not compromise obstetric or neonatal care or alter routine practice for the timing of umbilical cord clamping.

• As a variety of circumstances may arise during the process of labor and delivery that may preclude adequate collection, it is important to obtain well-documented informed consent that various medical circumstances of the mother or the neonate may prevent umbilical cord blood collection.

• Some states have passed legislation requiring physicians to inform their patients about umbilical cord blood banking options. Consult state medical associations for more information regarding state laws.

• Physicians or other professionals who recruit families for for-profit umbilical cord blood banking should disclose any financial interests or other potential conflicts of interest.

• The routine storage of umbilical cord blood as “biologic insurance” against future disease is not recommended.

• If a patient requests information on umbilical cord blood banking, balanced and accurate information regarding the advantages and disadvantages of public and private umbilical cord blood banking should be provided.

• Patients should be aware that in certain instances, use of one’s own stem cells is contraindicated.

• Counseling should include disclosure that the chance a child or family member develops a condition that could be treated with an autologous transfusion of umbilical blood is rare.

REFERENCES:


Immediate “skin-to-skin” after delivery is when a newborn is dried and placed naked on the mother’s bare abdomen, and the two are covered with a blanket for warmth. Skin-to-skin care is critical for achieving newborn homeostasis and thermoregulation in the first hours of life. It is the best practice available to facilitate a smooth transition to life outside of the womb and get breastfeeding off to a great start. Continued skin-to-skin on the mother’s chest throughout the first days and weeks has been shown to be beneficial. Reduce the risk of falls by educating families of this risk and monitoring for parental fatigue.

Immediate and continuous skin-to-skin contact between mother and baby encourages the infant to adjust to life outside the womb. Research shows skin-to-skin results in:

- Higher axillary temperatures – lowered risk for hypothermia
- Higher blood glucose levels – lowered risk for hypoglycemia
- Lower, more stable respiratory rates
- Faster return to physiologically normal heart rate
- Decreased crying
- Decreased anxiety for birthing parent
- Increased self-confidence in mother’s parenting ability
- Stimulation of maternal oxytocin to enhance uterine contractions, access to colostrum and mother-baby bonding – allows mother and baby to smell and feel each other
- Encouragement of breastfeeding – the warmth, smell and closeness to the breast are associated with easier and longer breastfeeding

Procedures for Immediate Skin-to-Skin Care

- After delivery, dry and stimulate newborn for first cry
- Assess newborn and if stable, place skin-to-skin with cord attached (option to milk cord).
- Clamp cord after 1 minute or delivery of placenta
- Reassess newborn to permit physiological circulatory transition
- Continue to dry entire newborn except hands to allow suckling hands bathed in amniotic fluid
- Assess Apgar scores at 1 and 5 minutes
- Replace blankets and cap if wet

Procedures for Immediate Postpartum Care

- Newborn drying and assessments, including Apgar scoring, may be performed on mother’s belly
- Mother should be elevated, not lying flat
- Continue skin-to-skin uninterrupted until the first breastfeed is complete (or minimum of 1 hour for mothers who are not breastfeeding)
- Delay weighing, measuring, bathing, eye prophylaxis and Vitamin K administration (see Eyes and Thighs)
- Assist and support breastfeeding

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Skin-to-Skin Care:  
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### Components of Safe Positioning for the Newborn While Skin-to-Skin

1. Infant’s face can be seen
2. Infant’s head is in sniffing position
3. Infant’s nose and mouth are not covered
4. Infant’s head is turned to one side
5. Infant’s neck is straight, not bent
6. Infant’s shoulders and chest face mother
7. Infant’s legs are flexed
8. Infant’s back is covered with blankets
9. Mother-infant dyad is monitored *continuously* by delivery unit staff and *regularly* by postpartum unit staff
10. When mother wants to sleep, infant is placed in bassinet or with another support person who is awake and alert

### Considerations

- Significant practice changes may be required when implementing this model of care. Routine observations of the dyad are important. Protocols for continually assessing the health and well-being of the mother and newborn are essential.
- Practice changes require continual re-education and it may take time for healthcare professionals to become comfortable with them. Try role playing and simulation as an educational strategy.
- Practicing skin-to-skin immediately after birth and throughout the maternity stay may require consideration of new perspectives:
  - Birth separates mother and infant for the first time
  - Mothers need to be close to their infants, just like infants need to be close to their mothers
  - Skin-to-skin is a simple, free, and evidence-based practice that is good for mothers and babies
  - The experiences women and infants have around birth influence them for a lifetime

**Tip:** Some mothers may express concern about their baby being “wet and dirty” and will ask that the newborn be “cleaned off.” In order to avoid separation of mother and baby (maintaining warmth and respiratory health), we need to prepare mothers and partners in advance. For example, during early labor, during epidural rest, or even between pushes, we can say:

- “As soon as you give birth, we will bring baby right to for his first hug. This snuggle time is important for helping your baby adjust to life outside of the womb.”
- “When you see your baby for the first time, she may look very messy. The vernix on her skin helps to keep her warm and fight off bacteria. That’s why we try to delay the first bath.”

### REFERENCES:


Newborn care can be performed while mom and baby are skin-to-skin or breastfeeding. This allows necessary medical procedures to occur without interrupting normal maternal-infant bonding and the resulting physiological benefits that lead to optimal health. Close observation, including normal protocols for checking breathing and other vitals, should remain in place when mother and baby are skin-to-skin.

**Vitamin K Injections for Newborns**

Health organizations recommend administering vitamin K to prevent unexpected and/or excessive bleeding because newborns are born vitamin K deficient. Many healthcare providers have requested clarification about requirements for administration of vitamin K. Currently there are no federal statutes requiring the administration of vitamin K. The American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) recommend administration after the first feeding is completed but within six hours of birth. Some states have statutes or policies in place addressing time frames for administration, but they are highly variable.

**Newborn Eye Prophylaxis**

The US Preventative Services Task Force (USPSTF) maintain a recommendation that all newborns receive topical eye medication to prevent gonococcal ophthalmia neonatorum. According to the Centers for Disease Control and Prevention (CDC), this prophylaxis is required by law in most states. The CDC guidelines suggest instilling Erythromycin (0.5%) ointment into both eyes of all neonates as soon as possible after birth. The eye prophylaxis can be done with mother and baby skin-to-skin. The AAP recommends that routine procedures including eye prophylaxis can be delayed until the first feed is completed. If prophylaxis is delayed (i.e., not administered in the delivery room), a monitoring system should be established to ensure that all infants receive this eye care.
Hand Expression

All new parents should leave the hospital knowing how to manually (hand) express their milk. While many choose to use breast pumps, manual expression is an easy, cost-free alternative that will help avoid painful episodes of engorgement that could lead to plugged ducts or even mastitis. The three online videos linked on the reverse side show various helpful demonstrations of how to hand express. Please view these and share this knowledge with new families.

Safe Expression Best Practices

- Wash hands well before expressing or handling milk or collection equipment.
- Use appropriate breastmilk storage containers. Never use disposable bottle liners or plastic bags that are not intended for storing breastmilk.
- Wash equipment that touches the breast, milk or collection containers in hot, soapy water. Rinse thoroughly and air dry on a clean towel.

Human Milk Storage Guidelines

<table>
<thead>
<tr>
<th>Type of Breast milk</th>
<th>Storage Locations and Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly Expressed or pumped</td>
<td>Countertop 77°F or colder (25°C) (room temperature)</td>
</tr>
<tr>
<td></td>
<td>Refrigerator 40°F (4°C) 40°F (4°C)</td>
</tr>
<tr>
<td></td>
<td>Freezer 0°F or colder (-18°C)</td>
</tr>
<tr>
<td>Thawed, Previously Frozen</td>
<td>Up to 4 hours</td>
</tr>
<tr>
<td></td>
<td>Up to 4 days</td>
</tr>
<tr>
<td></td>
<td>Within 6 months is best Up to 12 months is acceptable</td>
</tr>
<tr>
<td>Leftover from a Feeding (baby did not finish the bottle)</td>
<td>1-2 hours</td>
</tr>
<tr>
<td></td>
<td>Use within 2 hours after the baby is finished feeding</td>
</tr>
</tbody>
</table>

*Note: these guidelines are for the healthy newborn. Healthcare professionals should follow hospital policies and protocols for storage and handling in the inpatient and/or critical care settings.

Adapted from “ABM Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants,” Revised 2017
Human Milk Expression:  
A Guide for Healthcare Professionals

Storage Tips

- Clearly label the human milk with the date it was expressed.
- Do not store human milk in the door of the refrigerator or freezer. This will help protect the breast milk from temperature changes from the door opening and closing.
- If freshly expressed human milk will not be used within 4 days, freeze it right away. This will help to protect the quality of the breast milk.
- Freeze human milk in small amounts of 2 to 4 ounces (or the amount that will be offered at one feeding) to avoid wasting milk that might not be finished.
- When freezing human milk, leave about an inch of space at the top of the container because milk expands as it freezes.
- If human milk will be delivered to a childcare provider, clearly label the container with the child’s name and ask the childcare provider about other requirements they might have for labeling and storing human milk.
- Human milk can be stored in an insulated cooler bag with frozen ice packs for up to 24 hours when you are traveling. Milk should be used right away, stored in the refrigerator, or frozen upon arriving to destination.

Defrosting and Feeding Expressed Human Milk

- To defrost frozen milk, place it in a pan of warm water or defrost in the refrigerator.
- After defrosting, human milk may separate, with the fat on top. The milk can look a little yellow, orange, white or even clear. Do no shake the milk. Instead, gently swirl the milk to combine all of the components back together. Shaking human milk disrupts some of the molecular bonds, which changes the composition.
- Never microwave human milk. Microwaving can change the milk’s composition and create hot areas that can burn a baby’s mouth.
- Previously frozen human milk may be kept in the refrigerator for up to 24-hours. Do not re-freeze milk once it has been thawed.

Free Video Tutorials

- Dr. Ann Witt and Maya Bolman - Breastfeeding Medicine of Northeast Ohio | https://vimeo.com/65196007
- Texas WIC - Every Ounce Counts | https://www.breastmilkcounts.com/moms-playground/educational-games/softening-and-expressing/

REFERENCES:


Safe Bottle Feeding

Bottle feeding can inadvertently be done unsafely. As a healthcare provider, you play a crucial role in teaching caregivers how to safely feed their babies.

**Things to remember:**

- **For breastfed infants,** bottle nipples should be avoided until breastfeeding is well established, typically 3–4 weeks. Infants can be fed using a cup, spoon, supplemental nursing system, etc.

- **Hold the baby upright** and support their head and neck with your hand rather than the crook of your arm. Support the head so that it is in straight alignment with the body to facilitate full swallows (avoiding choking). Minimize the chance for air being swallowed by tilting the bottle and allowing the milk to fill the end of the nipple before allowing the baby to latch on.

- **Practice paced feeding** by feeding a small amount, then remove the bottle to assess if the baby is satisfied, then resume as needed. This allows infants to take the frequent rests they need. Paced bottle feeding helps control the flow of milk for the baby (reducing their stress) and ensures appropriate volume intake.

- **Create a pause between spurts of sucking** by tilting the bottle down so that milk is no longer in the nipple or remove the nipple for a break. Before removing the nipple, twist it to warn the baby that the nipple is coming out. You can keep the nipple against baby’s cheek, so they know it is still available.

- **Be careful not to force feed the baby** and take appropriate precautions not to overfeed. Doing so can override an infant’s natural satiety cue, causing the volume of the feed to be too much. Overfeeding can cause gastric discomfort or irritation, possibly resulting in vomiting. Teach families to feed according to infant hunger and satiety cues. When bottle feeding, pause often and watch for fullness cues.

- **If a newborn is sleepy** and not waking for feeds, the family should be instructed to wake the baby and feed. Some newborns are very sleepy and may need extra support.

- **Recommend a slow flow silicone nipple; avoid rubber nipples as these can leak nitrosamine and break down faster.**

- **Recommend BPA-free, PVC-free bottles.**

- **Families that are being discharged from the hospital feeding formula** should receive individualized education on the following topics: hand hygiene, equipment hygiene, proper measurement of formula and water, handling and storage, and appropriate feeding methods.
**Safe Formula Preparation**

In most cases, it is safe to mix powdered formula according to the directions on the can. However, powdered infant formulas are not sterile. They may contain a rare bacteria (Cronobacter) that can cause serious illness and death in newborns. If the baby is younger than 3 months, was born prematurely, or has a weakened immune system, families may want to take extra precautions by boiling and then cooling the water used (see below).

Instruct families using powdered infant formula accordingly:

- Check expiration date: never use expired formula.
- Always start with clean hands and sanitized bottles and nipples.
- Use water from safe source to mix powdered infant formula. If families are not sure if tap water is safe they should contact their local health department.
- Use the exact amount of water as instructed on the container. Always measure the water first and then add the powder. Adding more or less formula powder than instructed could cause harm.
- Keep powdered formula lids and scoops clean and close containers of infant formula or bottled water as soon as possible.
- Boil water and let it cool to no less than 158°F/70°C before pouring it into a clean and sterilized feeding cup with a lid, or bottle. Water should cool to this temperature within 30 minutes after boiling.
- Add formula, and carefully shake, rather than stir the bottle.
- Cool the formula to ensure it is not too hot by running the prepared, capped bottle under cool water or placing it into an ice bath, taking care to keep the cooling water from getting into the bottle or on the nipple.
- Test the temperature by shaking a few drops on the wrist.
- Formula should be used within 2 hours of preparation. The remaining unused formula should be discarded.
- If not planning to use the prepared infant formula right away, refrigerate immediately and use it within 24 hours.

**TIP:** Remember to recommend direct breastfeeding as the first choice unless it is clinically contraindicated. Start the discussion with, “What have you heard about breastfeeding?”, and address concerns raised. Let parents know that support is available for them—regardless of feeding decisions. Always document the education provided, including education about the possible consequences to the baby’s health or to the success of breastfeeding when introducing breastmilk substitutes.
Help Partners Understand The Benefits

Research shows that partners want to know the benefits of breastfeeding and how they can support their partner. Throughout the maternity stay, share these key talking points for partners:

**Breastfeeding Lowers Baby’s Risk of:**
- Asthma
- Diabetes (type 2)
- Eczema (a skin condition)
- Gastrointestinal infections (diarrhea/vomiting)
- Infections (ear, respiratory)
- Inflammatory bowel disease
- Necrotizing enterocolitis (NEC) for preterm infants
- Obesity
- Sudden Infant Death Syndrome (SIDS)

**Breastfeeding Lowers Maternal Risk of:**
- Breast and Ovarian cancers
- Diabetes (Type 2)
- High blood Pressure

Encouragement for Tough Times

Partners may feel helpless if they see their partner struggling with infant feeding. Offer some encouragement for the support team by using the following suggestions:

- It may take a few weeks for breastfeeding to be well established. Extra patience and support are needed during this unique time.
- Listening to what your partner is experiencing, helping them stay focused on goals, and doing some extra things to allow them more time with the baby are helpful ways to support during this transitional time.
- Some people experience sore nipples when breastfeeding a newborn. Often, this soreness becomes more manageable with time, once the baby learns to latch well. If breastfeeding continues to be uncomfortable or painful, families should find support from a lactation consultant.

Bonding Can Happen in Many Ways Other Than Feeding

All parents, not only breastfeeding parents, sometimes need to be reminded of the many opportunities for interacting with their newborns. Throughout the maternity stay, share these ideas with partners and families.

- Support your partner to get comfortable for a feeding by bringing any necessary pillows or supports. Make sure there is plenty to eat and drink within arms reach.
- After a feeding, hold the baby skin-to-skin and upright to burp the baby to allow time for your partner to do other things.
- Talk, sing, and hum to the baby using a soft, calm voice and eye contact. This is a very important part of brain development.
- Try wearing the baby in a sling or other baby carrier. Babies love to be held close and they bond with people based on their individual scent.
- Massage your baby. Infant massage can help to relax babies, improving sleep and wellness overall. Start slowly and firmly by ‘milking’ the legs/feet away from the baby’s body toward you for just a few minutes. Over time, babies can accept longer massages including other parts of their bodies.
- Get involved in the bedtime routines. Bathe, sing or read to the baby. Rock the baby to sleep.
- Newborns spend most all their time eating or sleeping. The baby will have many more needs and wants in the near future.

REFERENCES:


Evidence suggests that mothers who understand infant feeding cues are:

- More confident and satisfied with the hospital care they received
- More likely to succeed with breastfeeding
- More able to calm their infants

What are Infant Feeding Cues?
Cues are the infant’s language to let us know what they need. Newborns communicate with easy-to-recognize signs that let you know when they are hungry, full, tired, need to be changed and want quiet time. Learning the infant’s language is a new skill for all parents. You can help facilitate this process by teaching some common infant signs of hunger and fullness, outlined in the table below. Feeding according to these cues ensures that infants receive small amounts of colostrum or breastmilk at very frequent intervals. This is exactly what a newborn’s stomach size can accommodate without uncomfortable overstretching (see image on reverse side). In addition, frequent feedings (8-12 times per 24 hours) help to prevent jaundice and hypoglycemia.

<table>
<thead>
<tr>
<th>Infant Hunger Cues: Feed Me!</th>
<th>Infant Fullness Cues: That’s Enough!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuzzling the breast</td>
<td>Relaxed position</td>
</tr>
<tr>
<td>Eye movement under closed eyelids</td>
<td>Slowing eating pace</td>
</tr>
<tr>
<td>Increased alertness (waking)</td>
<td>Stopping sucking</td>
</tr>
<tr>
<td>Sucking on hands or tongue</td>
<td>Turning face away from nipple</td>
</tr>
<tr>
<td>Rooting—searching for something to suck</td>
<td>Closing lips tightly when nipple is presented</td>
</tr>
<tr>
<td>Bringing hand to mouth</td>
<td>Becoming fussy</td>
</tr>
<tr>
<td>Squeaking or light fussing</td>
<td>Increasing attention to surroundings</td>
</tr>
<tr>
<td>Tongue thrusts</td>
<td>Falling asleep* (Some newborns sleep through their hunger cues and need to be aroused to feed with sufficient frequency.)</td>
</tr>
</tbody>
</table>

Pacifiers
Introducing pacifiers may make it difficult for parents to recognize their baby’s signs of hunger. In general, breastfed infants should not be given a pacifier, unless medically recommended, until breastfeeding is well established (typically 3 to 4 weeks).
Infant Feeding Cues:  
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When parents respond to their newborn’s feeding cues, they build trust and a sense of security. Infants learn that their needs are going to be met. This is the one aspect of responsive feeding, which, when practiced throughout young childhood leads to optimal growth and development.

Is crying a feeding cue?

Newborns have immature nervous systems easily overloaded by excessive activity in their surroundings, resulting in crying. When newborns are ready to eat, they will first display one or more feeding cue rather than crying. It is best to avoid waiting to start a feed until the infant is crying. Infants latch best when they are organized and alert. When crying, they are less likely to demonstrate normal feeding responses.

Crying is a natural and normal behavior for infants. It can mean that something is making the infant uncomfortable, such as too much stimulation, a dirty diaper, or tummy pains. It can also mean that the infant needs to be close to mom or another familiar person. It is important to work with parents to help them respond effectively to their crying newborn.

• Suggest that the baby and mom rest skin-to-skin and belly-to-belly.
• Suggest that the baby be placed close to mom, with a supported back, and arms free to move.
• Suggest that the baby may feel comforted by the mother’s soothing voice.

If the infant is still crying, suggest additional calming techniques, such as:

• Gently rocking baby from side to side (ear to ear).
• Cocooning baby in mother’s arms, holding somewhat firmly in a fetal position. Once the infant (and mother) are calm, suggest they start to nurse. Breastfeeding will calm both the infant and the mother even further. If the mother is still concerned, she may need some extra support at this time.

Tip: Parents of low birth weight, preterm or early term babies, and newborns that are losing excess weight will need to be educated on feeding with early feeding cues. They may need to wake to feed so that the infant receives at least 8 feedings per 24 hours.

REFERENCES:


Breastfeeding and the Use of Human Milk SECTION ON BREASTFEEDING Pediatrics Mar 2012, 129 (3) e827-e841; DOI: 10.1542/peds.2011-3552


Connecting Parents with Community Resources: A Guide for Healthcare Professionals

The World Health Organization recommends exclusive breastfeeding for 6 months and continued breastfeeding with appropriate complementary food for up to 2 years and beyond. Studies show that many parents wean earlier than they desire, often due to breastfeeding difficulties, many of which may have been prevented with timely support. If new mothers are to achieve their feeding goals, it is vital that they have adequate follow-up care and know where to find additional support in the community from both professionals and other parents.

Best Practices Prior to Discharge

1. Assess any current or anticipated breastfeeding problems based on maternal and/or infant risk factors (these are reviewed in the ABM Protocol #2). Document and attend to all breastfeeding issues, whether observed by staff or raised by the parents. Create an action plan that includes a specific plan for follow-up after discharge.

2. Arrange for a postpartum follow-up visit, within 3-5 days of age or 48-72 hours after discharge, by a physician or midwife. Consider any home visiting opportunities for which she may be qualified. The mother’s 4 to 6-week follow-up visit to the obstetrician or family physician should also be scheduled.

3. If a family is eligible for WIC, call the local agency to set up a new referral. Exclusive breastfeeding is rewarded in the WIC program in many ways.

4. Provide all breastfeeding families with contact information of professional services, including International Board Certified Lactation Consultants (IBCLCs,) who provide breastfeeding assessments, support, and counseling. Remind patients that common breastfeeding difficulties can be addressed, that they should not suffer alone, and encourage them to reach out for assistance early when it is needed.

5. Refer patients to any local “warm lines” or national hotlines that offer postpartum support, both for breastfeeding questions and also for domestic violence or mental health concerns. La Leche League, for example, maintains a toll-free hotline with 24-hour support in English or Spanish.

6. Provide parents with lists and contact information for local support groups and services for breastfeeding families. Include peer support groups, clinic or hospital-based support groups, and WIC peer counseling and support group information. Encourage patients to contact and consider attending at least one of their local groups.

7. Inquire if patients plan to return to work or school. Proper planning will help ensure that all available support is utilized. Refer appropriately to resources specifically tailored to help new parents plan for their return to work, including any local and/or state laws in place in support of breastfeeding parents. Refer patients to the Office of Women’s Health’s webpage on breastfeeding for helpful tips on breastfeeding and going back to work.


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Connecting Parents with Community Resources: A Guide for Healthcare Professionals

8. Provide new families with information on how to choose a child care setting that is supportive of breastfeeding; state health departments may recognize breastfeeding friendly child care centers. Visit https://sph.unc.edu/cgbi/breastfeeding-friendly-child-care/ for more information.

9. Encourage families to seek information from trusted sources such as health agencies. Many companies selling products to new families may offer “health advice” directed at new mothers’ concerns. Commercial health advice is at risk for biased information and/or claims that are not backed by high-quality evidence.

TIP: A new parent’s community of support begins with immediate family and friends. Encourage mothers and partners to plan for a period of “nesting in” after returning home from the hospital. This means that visitors and phone calls are limited and responsibilities outside the family are put on hold. Encourage the creation of a network of support the family can call on during this special time by suggesting the following to new families:

- Create a list of chores such as laundry, cleaning, grocery shopping and meal preparation. When close friends and family are in touch with excitement and congratulations, request that they lend a helping hand with one of the chores on the list.

- Ask a close friend to organize frequent delivery of meals for your family. Neighbors, coworkers and other acquaintances will be happy to contribute this kind of support.

- Consider setting up frequent play dates or child care for any older children to ease the transition of the new baby at home.

- Encourage the mother to discuss her feelings trusted loved ones. Transitions can be difficult; be sure they are getting the support you need. If they are experiencing depressive symptoms, please notify the healthcare provider about their feelings.

REFERENCES:


