

**UCLA** Health

# Breastfeeding in the Hospital and Beyond



- **Zoom – HIPAA compliant**
- **Group Format - Consent to participate**
- **Personal questions in a group format**
- **General advice – not Medical Advice**
- **Cameras on, microphones muted**
- **“Raise Hand” or wave or use the Chat Box**
- **Be respectful**

**The instructor does not have any relevant financial relationships with commercial interests**

# After Delivery & the First 24 Hours





*Supports baby's temperature, breathing and blood sugar levels.*



- **First 2 hours, heightened alert state**
  - Followed by longer stretches of sleep (over next 24 hours)
- **Parents often think**
  - What a “Good” baby!
- **Baby falls asleep when feeding**

(UC Davis Human Lactation Center, 2011)

- **Sleepiness is common**
  - First 24 hours
  - First 2-3 weeks





- **Undress baby, place skin to skin**
  - Undress for the 1st breast
  - Change diaper
  - Burp
  - Dress for the 2nd side
- **Express colostrum and put on baby's mouth**



(UC Davis Human Lactation Center, 2011)



- **Move baby's top arm**
- **Tickle cheek**
- **Breast massage/compression**
- **Natural light**
  - Light and bright during day
  - Dim and dark at night

(UC Davis Human Lactation Center, 2011)

- **Enhances breastfeeding success**
- **Baby latches better, feeds longer, and cries less**





- **Chest to chest**
- **Face to face**
- **Nose to noses – “Sniff”**
- **Legs Flexed**
- **Pink lips**
- **Good color**
- **Blanket – shoulders, face exposed**

- **Stay together**
  - Unless medical need
- **Helps you learn**
  - Feeding cues
  - Baby care
  - Normal newborn behavior



- **Skin-to-skin**

- Skin-to-skin is beneficial
- Not always practical

- **Baby wearing**

- Baby wearing is solution to babies' high touch need at home and on the go



- **Breastfeeding and feeling sleepy**
- **In the hospital**
- **At home**

### What does a safe sleep environment look like?

**Sleep area**  
Baby's sleep area is in the same room, next to where parents sleep.

**Sleep surface**  
Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet.

**Outside of the crib**  
Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

**Smoking**  
Do not smoke or let anyone else smoke around your baby.

**In the crib**  
Do not put pillows, blankets, sheepskin or crib bumpers anywhere in your baby's sleep area. Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

**Sleep wear**  
Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

**Sleep position**  
Always place your baby on his or her back to sleep, for naps and at night.

**UCLA Health** [uclahealth.org](http://uclahealth.org)

\*A crib, bassinet, portable or play yard that follows the safety standards of Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact CPSC at 1-800-638-2772 or cpsc.gov. NHT Pub. No. 18-HD-5759 | April 2018. Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

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- **Safe swaddle**
- **Separate surface**
- **Same room**
- **Back to sleep**





# The Second Day/Night





- **Feeding demands increase**
- **Feeds a little, sleeps a little, and wants to feed again**
- **Your baby will often not want to be put down**
- **Newborn's hands**

(UC Davis Human Lactation Center, 2011)

- Babies will go through “growth spurts” at predictable times:
  - 2-3 weeks
  - 6 weeks
  - 8 – 9 weeks
  - 12 weeks
  - 4 months
  - And beyond...



## Getting to Know your Newborn



### Why does my baby cry?

Many parents worry when their babies cry. Your baby will cry to tell you that he is too hot or too cold, that he needs his diaper changed, or that he's uncomfortable. He will also cry to tell you that he's overwhelmed by what's going on around him. You are getting to know your baby. It may be hard to know exactly why he is crying. He is working hard to get to know you too. As you get to know each other, it will get easier.



### How can I tell what my baby needs?

Your baby is already trying hard to show you what she needs. She is learning to use her face, body, and noises to show you when she needs to eat, wants to play, or needs something to be different. We call these movements and sounds "cues." It will take time for her to learn which cues work best. While you get to know each other better, you may have to guess what she needs. Soon, you will understand the cues your baby gives most often. It won't take long before you both get better at communicating with each other.



### What do cues look like?

When your baby is comfortable and alert, she will use her face, body, and voice to tell you she is ready to interact with you. She will be relaxed and stare at you. She may even follow your voice and face with her eyes. When she is uncomfortable or upset, she will look or arch away from you. Her body, arms, and legs will be stiff. She may frown or have a glazed look in her eyes. It may seem like she is mad at you, but don't worry. These are just ways she will tell you she needs something to be different.

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Created by the UC Davis Human Lactation Center

- **Crying**
  - Communication
- **Cues**
  - Engagement
  - Disengagement
- **Sleep**
  - Active
  - Deep

(UC Davis Human Lactation Center, 2011)

- **Baby Behavior Class**

- **Respond to all cues:**

- Babies cry less
- Better language development
- Better parental confidence
- More long term independence



# Early Challenges

- Latch problems
- Sore nipples
- Delayed milk
- Poor weight gain
- Multiples
- SGA/LGA/LPTI
- Engorgement
- NICU
- Breast Surgeries



# *Separated mothers and babies*



- **Breastfeeding Well:**

- You don't have to pump!

- **Breastfeeding Challenges**

- Ask Lactation for a plan!
- Begin as soon as possible
- Incorporate hand expression
- Pump as recommended

Hand  
Expression



Personal-Use  
Electric Pump



Manual  
Pump



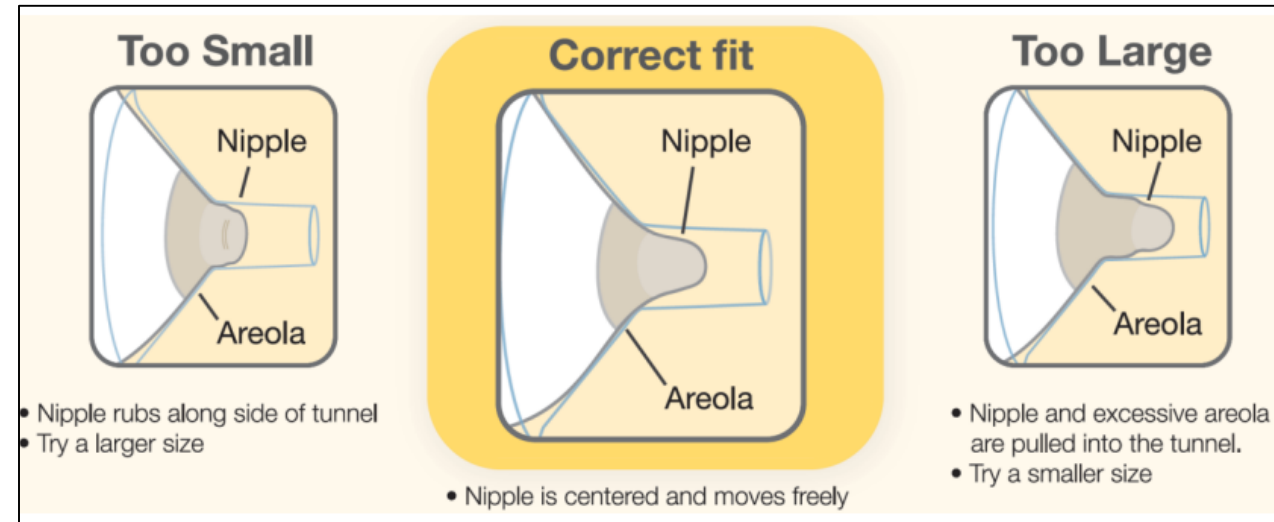
Hospital-Grade  
Electric Pump



- **Timing & frequency – important**
  - First hour if separated is important
  - Early & often
  
- **Expressions replace all missed feedings**



- **Lubricate when pumping**
  - Nipple butters (lanolin free)
  - Food grade oils – olive, coconut
- **Get the right fit flange**



- **Milk supply will decrease or remain low without**
  - Stimulation
  - Expression
- **Hand expression – Collects colostrum**
- **Pump – Stimulates; Collects transitional/mature milk**



## *Protect Breastfeeding Instincts*

Cup Feeding



Spoon Feeding



Tube/supply line feeding



# Getting Off to the Best Start



LABOR & DELIVERY

# How to order breast pumps at UCLA

## Breast Pumps

### How to order breast pumps at UCLA

#### E0604 - Hospital Grade Breast Pump

The term "Hospital Grade Breast Pump" is a marketing tool and most personal use breast pumps will be sufficient for most parents.

The correct HCPCS code for a personal use breast pump is: E0603 Personal use pump; Issue for duration of lactation













There are three steps to obtaining your breast pump:

1. Receive prescription from provider. (Order/Referral DME 251)
2. Receive authorization from Health Plan (HMO/Medi-Cal patients - see below).
3. Call approved durable medical equipment (DME) company to order breast pump.

## Ask yourself:

- How long and how often will you be separated from baby?
- Where will you pump?
  - Electric or battery operated?
- Will you have overnight travel?
- What does your insurance cover?



Breast Pump Comparison Chart						Breast Pump Comparison Chart					
											
	Medela Advanced Personal Double Breast Pump	Spectra 9 Plus Advanced Portable Breast Pump	Spectra S2 Hospital Strength Breast Pump	Ameda Finesse™ Double Electric Breast Pump	Evenflo Advanced Double Electric Breast Pump		Ardo Calypso Essentials Breast Pump	Lansinoh Signature Pro Double Electric Breast Pump	Lansinoh Smartpump Double Electric Breast Pump	Freemie Standard Independence Mobile Pump	Tomy Quiet Expressions Plus Double Breast Pump
											
Item Number	ML101035077	JHSP10L1	JHSP06L1	EW101A01	EW5161112		ARD6300240	LAN53016	LAN53116	JRFG066	TFY6228
Flange Size	24mm, 28mm	24mm	24mm 28mm	25mm	24.5mm 28mm 30.5mm		22mm, 26mm	25mm	25mm	25mm	Flexi-fit™
Tube Length	41.7"	32"	32"	36"	36"		34"	35"	30"	36" and 60"	30"
Suction	235mmHg (max)	270mmHg (max)	280mmHg (max)	214.5mmHg (max)	250mmHg (max)		250mmHg (max)	250mmHg (max)	250mmHg (max)	280mmHg (max)	220mmHg (max)
System	open	closed	closed	closed	closed		closed	closed	closed	closed	closed
Weight	4.68 lbs.	.5 lb.	2.5 lbs.	1.1 lbs.	6 lbs.		Under 1 lb.	2.3 lbs.	2.3 lbs.	9.2 oz.	2 lbs.
Adapter / Battery Pack	AC power adaptor or AA batteries (not included)	AC adaptor and power cord / Inbuilt rechargeable battery	AC power adaptor / no battery power	AC power adaptor (included) or AA batteries (not included)	AC power adaptor / Optional 6 AA batteries (not included)		AC power adaptor (included), AA batteries or car adaptor (not included)	AC power adaptor (included) or can be used with 6 AA batteries (not included)	AC power adaptor (included) or can be used with 6 AA batteries (not included)	Battery powered, micro USB Rechargeable (Includes Micro USB Cable and wall adaptor)	Rechargeable battery
Motor Warranty	1-year limited warranty on pump motor, 90 days limited warranty on parts	1-year warranty on pump motor, 90 days on parts & accessories	2-year warranty on pump motor, 90 day warranty on parts	2-year warranty on pump motor	1-year warranty on the pump motor		1-year warranty or 400 hours from beginning of use on full pump body	1-year warranty on pump motor, 90 days on parts	1-year warranty on pump motor, 90 days on parts	1-year warranty on pump motor	90 days
<i>All breast pumps are double electric pumps and come with 2 bottles</i>						<i>All breast pumps are double electric pumps and come with 2 bottles</i>					
<p> <b>Key considerations when selecting your electric breast pump</b> →</p>						<p>  Comfort              Effectiveness              Ease to Clean              Portability              Durability         </p>					

- **Birth process can affect breastfeeding**
- **Room in with your baby**
- **Limit visitors and interruptions**
  - Need privacy to learn to breastfeed
- **Avoid bottles / pacifiers**

- **We have:**
  - Pumps + kits
  - Nipple cream (lanolin)
  - Plenty of pillows
- **May want to bring:**
  - Soft nursing bra(s) or nursing tank(s)
  - Zip up hoodie for partner - skin to skin
  - Nail file for baby

- **Set goals & identify support system**
- **Have pump at home**
- **Nest with baby**
- **Pediatric follow up 1-2 days after discharge**
- **Seek feeding help early/often, if needed**



## Prenatal Lactation Consultation



**UCLA Health**

### UCLA Lactation Program

The UCLA Lactation Program offers private lactation visits with UCLA Health's lactation consultants. Lactation visits are offered in Santa Monica by appointment with provider referral.

**What other lactation support does UCLA Health offer?**

UCLA Health is proud to offer prenatal chest/breastfeeding classes, inpatient lactation help, and new parent and baby support groups.

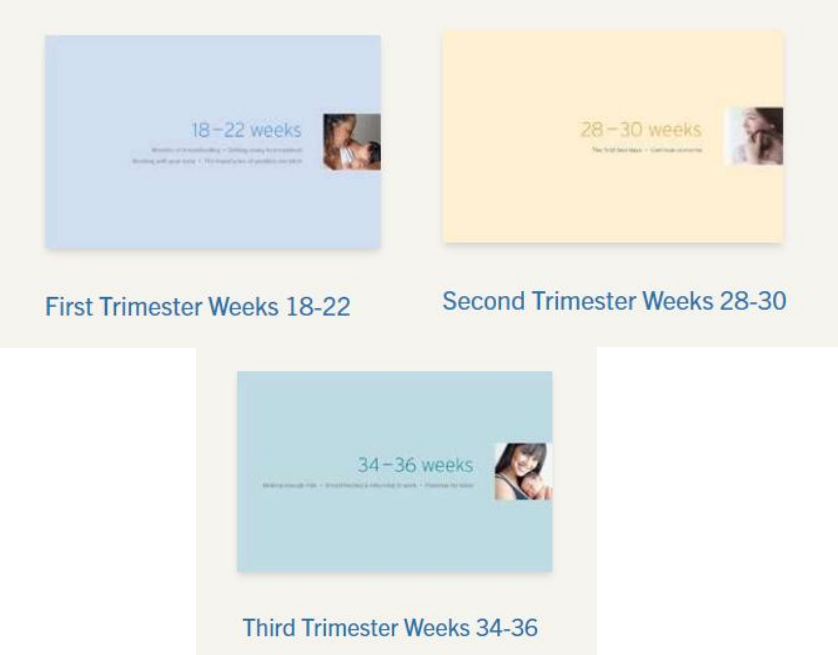
**Contact Us**

For more information, schedules for classes and support groups, and to register, visit [uclahealth.org/birthplace](http://uclahealth.org/birthplace).

To learn more about the UCLA Lactation Program or to schedule a visit, please call **424-259-8250**.



## Prenatal Breastfeeding Education (PDF Files) BirthPlace Website



**18-22 weeks**  
Weeks of pregnancy • Getting ready for childbirth • Breastfeeding your baby • Postpartum care

**28-30 weeks**  
The final trimester • Getting ready for birth

**34-36 weeks**  
Weeks of pregnancy • Breastfeeding & colostrum • Planning for birth

First Trimester Weeks 18-22      Second Trimester Weeks 28-30

Third Trimester Weeks 34-36

**Thank you for attending our Breastfeeding series!  
Please take a few minutes to share your feedback with  
us.**



**If you have questions, please contact the UCLA BirthPlace  
424-259-8250  
Birthplace@mednet.ucla.edu**

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