

National Breastfeeding Month & Covid-19 Vaccine and Pregnancy

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For more information on ways to lead a healthier lifestyle
visit our website getheathyct.org



August 2021



COVID-19

* Information on COVID-19 is rapidly evolving, and this fact sheet could become outdated by the time you read it. For the most up to date information, please call MotherToBaby at 866-626-6847.

This sheet talks about having COVID-19 in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is COVID-19?

COVID-19 (Coronavirus Disease 2019) is an illness caused by a virus. The virus (called SARS-CoV-2) belongs to a group called coronaviruses. This virus spreads mostly by close person-to-person contact. When an infected person breathes, talks, coughs, or sneezes, the virus can spread to others who are nearby.

The most common symptoms of COVID-19 include fever, cough, and shortness of breath. Other symptoms may include chills with or without shaking, muscle pain, headache, sore throat, and a new loss of taste or smell. In more severe cases, infection can cause pneumonia, respiratory failure, and death. Some people have only mild symptoms or no symptoms at all (asymptomatic), but they could still spread the virus to other people.

How can I help prevent getting COVID-19?

Getting vaccinated against the virus is an effective way to protect yourself and others from COVID-19. You can read more about COVID-19 vaccines on the MotherToBaby fact sheet at <https://mothertobaby.org/fact-sheets/covid-19-vaccines/>. Other ways to help protect yourself and others from infection while the virus is spreading or if you are not fully vaccinated include wearing a mask when out in public, avoiding close contact with others (staying at least 6 feet apart), avoiding gatherings (especially in indoor spaces), and washing your hands often.

The Centers for Disease Control and Prevention (CDC) provide additional tips for preventing exposure to the virus at specific workplaces at <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html>.

More information is available for people who are pregnant or recently pregnant at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>.

Can I be tested for COVID-19?

Anyone who has symptoms of COVID-19 should be tested, even if they are fully vaccinated against the virus. People who are not fully vaccinated against COVID-19 should **also** be tested if they have had close contact with someone with confirmed COVID-19; have taken part in activities that could put them at higher risk for COVID-19 (such as travel, large social gatherings, or being in crowded indoor settings); or have been asked by their healthcare provider, public health department, or workplace to be tested. The CDC offers testing information at <https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html#who-should-get-tested>. Your local testing guidelines may be different.

I have COVID-19. Can it make it harder for me to get pregnant?

Based on the data available, it is not known if having COVID-19 could make it harder to get pregnant.

Does having COVID-19 increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. The available studies on COVID-19 infections in pregnancy have not suggested an increased chance of miscarriage as compared to the general population. More research is needed to know if having COVID-19 could increase the chance of miscarriage.

Does having COVID-19 increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. The available studies and reports on COVID-19 infections in pregnancy have not reported birth defects related to COVID-19.

Fever is a possible symptom of COVID-19. A high fever in the first trimester can increase the chance of certain birth defects. Acetaminophen is usually recommended to reduce fever in pregnancy. If you get sick with COVID-19 or any other illness and develop a fever, talk with your healthcare provider to confirm that taking acetaminophen is the best way to lower it. For more information about fever and pregnancy, see the MotherToBaby fact sheet about hyperthermia at <https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/>.

Does having COVID-19 cause other pregnancy complications?

Studies have shown that people who are pregnant or recently pregnant and have COVID-19 have a higher chance of becoming very sick than people who are not pregnant or recently pregnant. This includes higher chances of being admitted to intensive care and needing to be put on a ventilator (machine that helps you breathe). Some studies have also reported a slightly higher chance of death from COVID-19 among people who are pregnant. The chance of these outcomes is higher among pregnant people who also have other underlying health conditions, such as obesity, pre-pregnancy diabetes, and/or chronic hypertension.

Having severe symptoms or complications from any illness might increase the chance of pregnancy complications such as preterm delivery (delivery before 37 weeks of pregnancy). Many reports have found a higher chance of preterm delivery with COVID-19 infection later in pregnancy. In most of these cases, the healthcare providers decided to deliver the babies early because of the mothers' worsening symptoms and/or effects on the fetus (such as not getting enough oxygen), but sometimes the preterm labor started on its own. In some cases, the preterm deliveries may have been due to other reasons unrelated to COVID-19.

Having COVID-19 can increase the chance of developing blood clots, especially if the infection is severe. One study of women giving birth in hospitals reported that those with COVID-19 had a higher chance of heart attack and blood clots than those who did not have COVID-19 (even though the overall chance of heart attack or blood clots was still small). The American Society of Hematology recommends that all adults who are hospitalized with COVID-19 be given treatment to prevent blood clots. People who are pregnant and admitted to the hospital with COVID-19 should discuss treatment options with their healthcare providers.

Studies have also reported increased chances of other pregnancy complications with COVID-19 infection, including preeclampsia (dangerously high blood pressure), effects on the placenta that can affect the baby's growth, and the need for emergency c-section. More research will help us know how the chance of these and other pregnancy complications might be different depending on how sick the pregnant person is (no symptoms vs. mild symptoms vs. severe symptoms), the timing of the infection in pregnancy, and other factors.

Can the virus that causes COVID-19 pass to the baby during the pregnancy or at the time of delivery?

In reports of infants born to people with COVID-19 around the time of delivery, most newborns have not had evidence of infection. However, the virus has been found in the (umbilical) cord blood and amniotic fluid of people who have COVID-19 at or near the time of delivery, and a small number of newborns have tested positive for the virus soon after birth. Although this suggests the possibility that the virus could pass from a person who is pregnant to their baby during pregnancy, this appears to be rare. The chance of the baby getting the virus during or shortly after delivery may be higher if the mother has an active infection at the time of delivery. However, most infants who test positive have only mild or no symptoms, and fully recover from the virus. Severe illness in babies is rare, although it may be more likely in infants who are born preterm or have other health problems.

Does having COVID-19 in pregnancy cause long-term problems in learning or behavior for the baby?

At this time, it is not known if having COVID-19 in pregnancy causes long-term problems for the baby. In order to answer this question, researchers will need to follow the long-term development of children born to people who have COVID-19 in pregnancy.

Can I breastfeed while I have COVID-19?

The virus that causes COVID-19 has not been found to pass through the breast milk. There have not been any reported cases of infants getting COVID-19 through breast milk. Particles of the virus have been found in a small number of breast milk samples from women with COVID-19, but these particles are not expected to cause infection in babies. In fact, breast milk provides protection against many childhood infections. People are often encouraged to continue breastfeeding or providing breast milk even when they are sick with a virus, such as flu.

People who are breastfeeding while sick with COVID-19 can help prevent passing the virus to their babies through

contact by washing their hands frequently and wearing a mask while nursing. They can also consider pumping milk for someone else to feed their baby while they recover. The CDC has information on COVID-19 and breastfeeding at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male has COVID-19, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

One small study found that men who had moderate cases of COVID-19 (requiring hospital care) had fewer and slower sperm about one month after recovery as compared to men who had only mild cases of COVID-19 or healthy men who did not have COVID-19. There is not enough information to know if COVID-19 infection could have long-term effects on sperm or a man's fertility.

There is no evidence of a higher chance of birth defects if the father or sperm donor has COVID-19. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet on Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

MotherToBaby is conducting observational studies looking at COVID-19 in pregnancy. If you had or have suspected or confirmed COVID-19 within 1 month of your last menstrual period or anytime in pregnancy or breastfeeding and you are interested in learning more about this study, please call 1-877-311-8972 or visit <https://mothertobaby.org/join-study/>.

Please click [here](#) to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). OTIS/MotherToBaby recognizes that not all people identify as "men" or "women." When using the term "mother," we mean the source of the egg and/or uterus and by "father," we mean the source of the sperm, regardless of the person's gender identity. Copyright by OTIS, June 14, 2021.

COVID-19 Vaccine Infertility Myth

ct.gov/covidvaccine

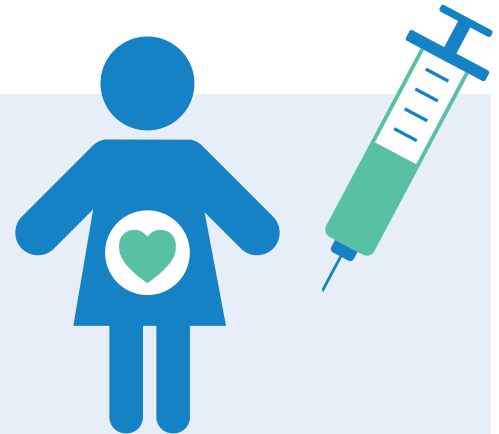
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BUSTED!

Is it true that the COVID-19 vaccines cause infertility?

NO. THIS MYTH IS FALSE.

There is no evidence to date that the vaccine causes any problems with fertility, in women or men, or pregnancy.



How did this myth get started?

In December 2020 erroneous claims were made that the vaccines contain a protein called syncytin-1, which is vital for the development of the placenta in pregnant women, and that the vaccine would cause the generation of antibodies that would attack syncytin-1, disrupting the formation of the placenta and leading to infertility or miscarriage. The claim was picked up on social media and sadly, false news travels fast.

What is the truth?

Syncytin-1 shares a small piece of genetic code with the spike protein of the coronavirus, but that is where the similarity ends. They are two completely different proteins, and it is not possible for the antibodies created by the vaccines to recognize and attack any protein other than the one found on the SARS-CoV-2 virus that causes COVID-19. Think of it this way: your immune system getting mixed up and attacking placental protein would be like you mistaking an elephant for a dolphin because they're both gray.

How can you be sure?

- While COVID-19 vaccines remain under study, thus far **there is no data that the vaccines may cause infertility.**
- There are also **no credible scientific theories for how the vaccines could cause infertility.**
- Though pregnant women were excluded from the vaccine trials, **several women did become pregnant during the trials.** In all, only one woman suffered a miscarriage, and she was given a placebo, NOT the vaccine.



For more information, please visit
ct.gov/covidvaccine

GET THE
FACTS
ON THE
VAX



COVID-19 Vaccine Infertility Myth

ct.gov/covidvaccine

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BUSTED!

What else should I know?

While there is no evidence to date that the vaccines cause infertility or miscarriage, **there is plenty of evidence that contracting COVID-19 can be dangerous for pregnant women and their unborn babies:**

VACCINE SIDE EFFECTS

- **NO impact on pregnancy or fertility**
- Fever, Chills, Muscle Aches, Fatigue*
- Extremely rare cases of myocarditis/pericarditis (inflammation of/around heart muscle)
- Extremely rare cases of allergic reaction
- Extremely rare cases of blood clots

COVID-19 RISKS

- **High risk for severe COVID-19**
- Increased risk for **pregnancy complications**
- Increased need for **mechanical ventilation**
- Increased risk of **miscarriage/fetal death**
- Increased risk for **preterm delivery**
- Increased risk for **blood clots**
- Increased risk for **hypertension**

** Women undergoing in vitro fertilization or other similar procedures should consult their doctor before receiving the vaccine to ensure proper timing to avoid confusing potential short term side effects of the vaccine with any type of infection related to the procedure.*



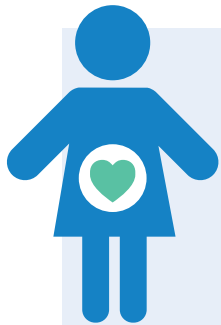
For more information, please visit
ct.gov/covidvaccine

GET THE
FACTS
ON THE
VAX



Pregnancy/Fertility & COVID-19 Vaccine

ct.gov/covidvaccine



Do the COVID-19 vaccines affect fertility?

No. There is no evidence to date that the vaccine causes any problems with fertility or pregnancy, including the development of the placenta.

In addition, there is no evidence that fertility problems, for women or men, are a side effect of ANY vaccine, including COVID-19 vaccines. Women undergoing in vitro fertilization or other similar procedures should consult their doctor before receiving the vaccine to ensure proper timing. In fact, if you are thinking of getting pregnant soon, now is the time to get vaccinated! This will protect you and your baby from COVID-19 while pregnant and after the birth.

Why is it important to get the COVID-19 vaccine if pregnant or trying to conceive?

It is safe and effective.

Pregnant women who get COVID-19 are at a higher risk of severe illness. The vaccine will help protect them and their babies.



Are the COVID-19 vaccines available to pregnant or nursing mothers?

Yes. Reports show women who gave birth after being vaccinated passed on antibodies to their newborns, thus protecting them. It may also provide some immunity for nursing babies.



Should I get vaccinated if I plan on becoming pregnant?

Yes. Pregnant women who get COVID-19 have a higher risk of hospitalization, admittance to the ICU, and may require ventilation, which means you require special equipment to breathe.



For more information, please visit ct.gov/covidvaccine

It's Worth It!

Skin to Skin



What is Skin to Skin Contact (SSC)?

Skin to skin contact is simply holding your baby dressed in a diaper against your chest. Mom and baby should practice skin to skin contact right after birth, if possible and continue in the early weeks at home. Partners can do it too, especially if mom is not available after birth due to medical reasons.

Why is Skin to Skin Contact Important?

Newborns placed skin to skin have better blood sugar levels, steady body temperatures, stable breathing and heart rates, and cry less compared to those who do not receive skin to skin care.

Benefits of Skin to Skin Contact

- Relaxes mother and baby
- Increases bonding
- Strengthens baby's immune system
- Eases pain
- May enhance brain development
- Warms baby
- Less crying

Additional benefits of skin to skin contact are easier breastfeeding and increased bonding.



Source: U.S. Breastfeeding Committee

Skin to Skin Contact & Breastfeeding

Practicing skin to skin contact will help you and your baby breastfeed. When placed skin to skin before breastfeeding:

- Baby's first time latching onto the breast is easier.
- Baby is more likely to breastfeed better and longer without the need for formula.
- Keeping baby skin to skin helps breast milk flow.

“When my daughter and I met for the first time, skin to skin contact helped us form a bond to last a lifetime.”

Getting Started – What to Expect in the Hospital

Let hospital staff know you want to hold your baby skin to skin, as soon as you can. Just after delivery, your nurse will put your baby on your chest and cover you both with a warm blanket.

Snuggle baby and allow him or her to explore. He or she may crawl towards your breast and try to latch onto your breast.

It is ideal to stay skin to skin for close to one hour after birth. Many required medical activities such as weighing, measuring, and the vitamin K injection can wait or be done while you and baby are together.

Certain medical causes may delay skin to skin. That's okay! Just start as soon as possible, or have dad or your partner give it a try. Skin to skin contact helps them bond with baby too!

Skin to Skin at Home

There is no age at which skin to skin is no longer recommended. So you can keep cuddling skin to skin after you leave the hospital. Here are some tips to help you:

- Keep cuddling skin to skin after you leave the hospital.
- At home, try holding baby dressed in a diaper against your chest. You can put a blanket on baby's back or try wearing an oversized shirt to use as a cover for both of you.
- Hold baby upright between your breasts and enjoy each other's company.
- If baby begins to look for your breast, follow your instincts to help baby latch on.
- Don't forget about your partner! Parents who hold babies skin to skin help keep them calm, cozy, and warm.

Learn More About Skin to Skin Contact

Please visit the websites below for more information on skin to skin contact and breastfeeding.

- **Breastmilk- Every Ounce Counts**
<http://www.breastmilkcounts.com/breastfeeding-101/skin-to-skin/>
- **US-DHHS Office of Women's Health**
<https://www.womenshealth.gov/printables-and-shareables/resource/guides>
- **Connecticut It's Worth It! Webpage**
<http://www.itsworthitct.org/>
- **Connecticut Breastfeeding Coalition**
<http://www.breastfeedingct.org>

Do you have a breastfeeding story that you would like to share with others?

If so, please submit photos, written stories or videos of what breastfeeding means to you to, and why you think It's Worth It! at:

info@breastfeedingct.org

Your story may help others feel more confident and encouraged in meeting their breastfeeding goals.


loving support®
MAKES BREASTFEEDING WORK



¡Vale la pena!

Piel a Piel

¡Vale la pena!

¿Qué es el contacto piel con piel ?

El contacto piel con piel consiste simplemente en sostener a su bebé con el pañal puesto contra su pecho. El bebé y la mamá deben practicar el contacto piel con piel inmediatamente después del parto, si es posible, y continuar haciéndolo en las primeras semanas de vida en el hogar. Las parejas también pueden hacerlo, especialmente si la madre no se encuentra disponible después del parto por motivos médicos.

¿Por qué es importante el contacto piel con piel?

Los recién nacidos con los que se practica el contacto piel con piel tienen mejores niveles de azúcar en sangre, temperaturas corporales regulares, frecuencias cardíacas y respiratorias estables, y lloran menos que aquellos bebés que no reciben contacto piel con piel.

Beneficios del contacto piel con piel

- Relaja a la madre y al bebé.
- Fortalece el vínculo.
- Fortalece el sistema inmunitario del bebé.
- Alivia el dolor.
- Puede mejorar el desarrollo neurológico.
- Le da calor al bebé.
- Reduce el llanto.

Además, el contacto piel con piel facilita el amamantamiento e incrementa el vínculo.



Fuente: U.S. Breastfeeding Committee

Contacto piel con piel y amamantamiento

Practicar el contacto piel con piel los ayudará a usted y a su bebé a llevar a cabo el amamantamiento. Cuando coloca al bebé piel con piel antes de amamantarlo:

- La primera vez que coloca al bebé para que se prenda al pecho es más fácil.
- Es más probable que el bebé se amamante mejor y durante más tiempo sin necesidad de utilizar fórmula infantil.
- Sostener al bebé piel con piel ayuda a que la leche materna fluya.

“Cuando vi a mi hija por primera vez, el contacto piel con piel nos ayudó a forjar un vínculo que durará toda la vida”.

Comienzo: qué hacer en el hospital

Apenas pueda, infórmele al personal del hospital que usted desea sostener al bebé piel con piel. Inmediatamente después del parto, un enfermero colocará al bebé junto a su pecho y los cubrirá con una manta para abrigarlos.

Abrase al bebé y permítale que explore su cuerpo. Lo más probable es que el bebé busque el pecho y trate de prenderse.

Lo ideal es permanecer piel con piel durante aproximadamente una hora después del parto. Las actividades médicas requeridas, como pesarlo, medirlo y colocarle la inyección de vitamina K pueden esperar o se pueden realizar mientras usted y su bebé están juntos.

Es posible que el contacto piel con piel se demore debido a ciertos motivos médicos. ¡No hay problema! Comience apenas pueda o deje que el padre o su pareja lo intenten. ¡El contacto piel con piel los ayuda a ellos también a crear un vínculo con el bebé!

Contacto piel con piel en el hogar

No existe ninguna edad en la que ya no se recomiende el contacto piel con piel. Por lo tanto, puede seguir sosteniendo al bebé piel con piel cuando salga del hospital. A continuación, le presentamos algunos consejos que pueden ayudarla:

- Siga sosteniendo al bebé piel con piel cuando salga del hospital.
- En el hogar, intente sostener al bebé con el pañal puesto contra su pecho. Puede tapar al bebé con una manta o utilizar una remera grande que sirva para cubrirlos a los dos.
- Coloque al bebé en posición vertical entre sus pechos y disfrute de su compañía.
- Si el bebé comienza a buscar el pecho, siga sus instintos para ayudarlo a que se prenda al pecho.

- ¡No se olvide de su pareja! Los padres que sostienen a los bebés piel con piel ayudan a que los bebés estén tranquilos, cómodos y calentitos.

Más información acerca del contacto piel con piel

Visite los sitios web que aparecen a continuación para obtener más información sobre el amamantamiento y el contacto piel con piel.

- **La leche materna: cada onza cuenta**
<http://www.cadaonzacuenta.com/breastfeeding-101/skin-to-skin/>
- **Oficina para la salud de la mujer del departamento de salud y servicios sociales de los Estados Unidos (US-DHHS)**
<https://espanol.womenshealth.gov/breastfeeding/>
- **Connecticut It's Worth It! Página web**
<http://www.itsworthitct.org/>
- **Connecticut Breastfeeding Coalition**
<http://www.breastfeedingct.org>

¿Le gustaría compartir su historia sobre amamantamiento con otras personas?

Envíe fotos, historias escritas o videos sobre qué significa el amamantamiento para usted y por qué considera que vale la pena hacerlo a la siguiente dirección:

info@breastfeedingct.org

Su historia puede ayudar a otras personas a sentirse más seguras y alentarlas a cumplir sus objetivos de amamantamiento.


apoyo y cariño.
AYUDAN A LA LACTANCIA



Make a Plan



It's Worth It!

Plan for your breastfeeding success and share your wishes about breastfeeding your baby.
Knowledge + Support + Confidence = Success

Preparing for My Baby's Birth: Getting off to a great start!

- ☐ I will talk with my partner, family, friends and healthcare provider about my plan to breastfeed, and for how long.
- ☐ I will attend a prenatal breastfeeding class.
- ☐ I plan to have my baby skin-to-skin right after birth.
- ☐ I plan to feed my baby within the first hour after birth.
- ☐ I plan to room-in with my baby in the hospital.
- ☐ If my baby is having trouble with feeding in the hospital, I will ask to speak with a nurse or a lactation consultant.
- ☐ I will ask about hospital breast-feeding support groups available to me before I leave the hospital.

The First Weeks at Home: Being a new mom isn't always easy. Reach your goals for breastfeeding by having a plan.

- ☐ Two people that I can trust and call on for helpful advice or support are:

- ☐ For my first week at home, these people can help with:
Laundry: _____ House cleaning: _____
Groceries: _____ Errands: _____
Care of older children: _____
Meals: _____ , _____ ,
_____ , _____
- ☐ If my baby seems to have difficulty with feeding, latching-on or if my nipples become sore, I will contact:

- ☐ If I start feeling sad or overwhelmed, I know this is common, I will talk to _____ about ways to feel better.
- ☐ I will sleep or rest when my baby sleeps.

Your health care providers and WIC are here to help you every step of the way

My health care provider is: _____
Phone: _____
My WIC contact is: _____
Phone: _____
My WIC peer counselor (if available) is: _____
Phone: _____



Produced in part with funds from the Centers for Disease Control and Prevention (CDC) through Cooperative Agreement DP13-1305. The views expressed do not necessarily reflect the official policies of the CDC.

Content courtesy of Vermont Department of Health

Haga un Plan



It's Worth It!

Haga planes para tener éxito con el amamantamiento
y comparta sus deseos acerca de amamantar a su bebé.
Conocimiento + Apoyo + Confianza = Éxito

Preparación para el nacimiento de mi bebé: ¡Para tener un excelente comienzo!

- ☐ Hablaré con mi pareja, familia, amigos y mi médico sobre mi plan para la lactancia y su duración.
- ☐ Voy a asistir a una clase de lactancia materna.
- ☐ Planeo colocar a mi bebé en mi pecho para que haya un toque mutuo de piel (skin to skin) justo después de nacer.
- ☐ Planeo amamantar a mi bebé dentro de la primera hora de haber nacido.
- ☐ Planeo mantener a mi bebé conmigo en el mismo cuarto en el hospital.
- ☐ Si en el hospital, a mi bebé se le hace difícil amamantar, hablaré con una enfermera o una consultadora de la lactancia materna.
- ☐ Voy a preguntar por los grupos de apoyo para la lactancia materna que el hospital tiene disponible para mí, antes de ser dada de alta del hospital.

Durante las primeras semanas en casa: No es fácil ser mamá. Sin embargo, si se traza un plan, podrá lograr su meta de amamantar a su bebé.

- ☐ Dos personas en las que puedo confiar y a quienes recurrir para recibir consejo o apoyo son:

- ☐ Durante la primera semana en casa, estas personas pueden ayudarme con:

Lavar la ropa: _____ Limpieza de la casa: _____

Compra de alimentos: _____ Mandados: _____

Cuidado de mis otros niños: _____

Preparar las comidas: _____, _____, _____
_____, _____
- ☐ Si mi bebé parece tener dificultad con la alimentación, para prenderse al pecho o si tengo heridas en los pezones, me contactaré con:

- ☐ Si comienzo a sentirme triste o abrumada, aunque sé que puede ocurrir, hablaré con _____ sobre las maneras para sentirme mejor.
- ☐ Voy a dormir o a descansar cuando el bebé duerma.

Todo el equipo de atención médica a su cuidado y el personal del programa WIC están aquí para ayudarle paso a paso.

Mi doctor es: _____

Teléfono: _____

Mi contacto de WIC es: _____

Teléfono: _____

La madre consejera en WIC es (si es que está establecido):

Teléfono: _____



Producido en parte con fondos de los Centros para el Control y la Prevención de Enfermedades (CDC) a través del Acuerdo Cooperativo DP13-1305. Las opiniones expresadas no reflejan necesariamente las políticas oficiales de los CDC.

El contenido es cortesía del Departamento de Salud de Vermont

Make it Work



It's Worth It!

WORK OR SCHOOL – Plan for your breastfeeding success and talk about your pumping needs*

Knowledge + Support + Confidence = Success

Before Baby

- Talk to human resources, supervisor or student services about your pumping plans.
- If your job or school has a breastfeeding room, visit the area & ask how to use it.
- Find out how to get a pump (insurance or buy your own).
- Talk to different childcare providers before making a choice.

What to Pack

Be sure to wash/clean hands prior to pumping. It is recommended to clean pump parts after each use. Sanitize once a day.

Need to have:

- ☐ Breast pump
- ☐ Milk storage bags/bottles
- ☐ Pen to label pumped milk or/labels for milk containers
- ☐ Icepacks and insulated bag[†]
- ☐ Soap to clean breast pump (you can also use breast pump wipes or microwaveable breast pump bags)

Nice to have:

- ☐ Healthy snack & water
- ☐ An extra set of breast pads, if you use them
- ☐ Spare pump parts or batteries in case of power outage

[†]Check if there is a refrigerator you can use.

Before You Go Back

- Set up a pumping schedule with supervisor or teachers.
- Offer a bottle once or twice a day a few weeks before you return to work or school.
- Talk with your childcare providers about feeding your pumped milk to your baby.
 - To Defrost milk: Thaw in fridge or place under cool running water.
 - To Warm Up milk: Place bag or bottle in a bowl with warm tap water or hold bag or bottle under cool running water, raising temp slowly.

Resources



For employees returning to work
www.breastfeedingct.org/makeitwork



Your rights & the law
www.breastfeedingct.org/laws



Find lactation professionals near you, if you need one!
www.zipmilk.org



What to ask childcare providers
www.breastfeedingct.org/childcare



Tips to maintain your milk supply
www.breastfeedingct.org/supply



How to hand express milk
www.breastfeedingct.org/tips



List 2 people that will support my breastfeeding goals

Human Milk Storage Guidelines**

| | Countertop or table | Refrigerator | Freezer with separate door | Deep Freezer |
|--|------------------------|-----------------------------|----------------------------------|-------------------------------|
| Storage Temperatures | Up to 77° F (25° C) | At or below 40° F (4° C) | At or below 0° F (-18° C) | At or below -4° F (-20° C) |
| Freshly Pumped/ Expressed Human Milk | Up to 4 hours | Up to 4 days | Up to 6 months | Up to 12 months |
| Thawed Human Milk | 1-2 hours | Up to 1 day (24 hours) | Never refreeze thawed human milk | |

**These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider. Guidelines are for home use only and not for hospital use.

*These tips are for healthy, full-term infants. If you are pumping for medical reasons, talk to your health care provider for more information.



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Haga que Funcione It's Worth It!

TRABAJO O ESCUELA – Haga planes para tener éxito con el amamantamiento de su bebé y hable sobre sus necesidades para bombear la leche*

Conocimiento + Apoyo + Confianza = Éxito

Antes del bebé

- Hable con recursos humanos, su supervisor o servicios al estudiante sobre sus planes para bombear la leche.
- Si su trabajo o escuela tiene una sala de lactancia, visite el área y pregunte cómo usarla.
- Pregunte cómo conseguir una bomba sacaleche (del seguro o compre la suya).
- Hable con diferentes proveedores de cuidado infantil antes de tomar una decisión.

Qué llevar

Asegúrese de lavarse/limpiarse las manos antes de bombear la leche. Se recomienda limpiar las partes de la bomba sacaleche después de cada uso. Desinfectar una vez por día.

Es necesario tener:

- ☐ Bomba sacaleche
- ☐ Bolsas/biberón para almacenar la leche
- ☐ Lapicera para etiquetar la leche bombeada o/ etiquetas para los contenedores de leche
- ☐ Bolsas de hielo y bolsa aislante[†]
- ☐ Jabón para limpiar el sacaleche (también puede usar toallitas para limpiar la bomba sacaleche o bolsas para poner en el microondas la bomba sacaleche)

Es bueno tener:

- ☐ Refrigerio saludable y agua
- ☐ Un set adicional de almohadillas de lactancia, si las usa
- ☐ Partes de la bomba sacaleche de recambio o baterías en caso de corte del suministro de electricidad

[†]Consulte si hay un refrigerador que pueda usar.

Antes de regresar

- Haga arreglos con su supervisor o con las maestras para fijar un programa para bombear la leche.
- Ofrezca un biberón a su bebé una o dos veces al día algunas semanas antes de regresar al trabajo o la escuela.
- Hable con los proveedores de cuidado infantil acerca de alimentar a su bebé con la leche bombeada.
 - Para descongelar la leche: Deje que se deshiele en el refrigerador o colóquela debajo del agua del grifo.
 - Para calentar la leche: Colóque la bolsa o la botella en un recipiente con agua caliente del grifo Q sostenga la bolsa o la botella con agua corriente fría, aumentando la temperatura lentamente

Recursos



Para empleados que regresan al trabajo
www.breastfeedingct.org/makeitwork



Sus derechos y la ley
www.breastfeedingct.org/laws



¡Encuentre profesionales de lactancia cerca suyo, si necesita uno!
www.zipmilk.org



Qué preguntar a los proveedores de cuidado infantil
www.breastfeedingct.org/childcare



Consejos para mantener el suministro de leche materna
www.breastfeedingct.org/supply



Cómo extraer la leche manualmente
www.breastfeedingct.org/tips



Apunte 2 personas que la apoyarán con sus objetivos de amamantamiento

Pautas de almacenamiento de la leche humana**

| | Encimera o mesa | Refrigerador | Freezer con puerta separada | Freezer profundo |
|---------------------------------------|---------------------|------------------------|---|--------------------------|
| Temperaturas de almacenamiento | Hasta 77° F (25° C) | A 40° F (4° C) o menos | A 0° F (-18° C) o menos | A -4° F (-20° C) o menos |
| Leche humana recién bombeada/extraída | Hasta 4 horas | Hasta 4 días | Hasta 6 meses | Hasta 12 meses |
| Leche humana descongelada | 1-2 horas | Hasta 1 día (24 horas) | Nunca vuelva a poner en el freezer la leche humana descongelada | |

**Estas pautas son para bebés saludables nacidos después de cumplir los nueve meses de embarazo y pueden variar para bebés prematuros o enfermos. Consulte con su proveedor de atención médica. Las pautas son para uso exclusivo en el hogar y no para usar en el hospital.

*Estos consejos son para bebés saludables nacidos después de cumplir los nueve meses de embarazo. Si está bombeando por razones médicas, hable con su proveedor de atención médica para obtener más información.

It's Worth It!



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Breastfeeding and Nutrition

According to the American Academy of Pediatrics and the World Health Organization, infants should be only be breastfed for the first sixth months of life. There is a lot of confusion about what a lactating mom should eat.

Should I increase my calorie and fluid intake? Can I be vegetarian? What foods should I avoid? What foods should I eat more of? Should I follow a special breastfeeding diet? Can I eat seafood?

Breastfeeding moms should increase their intake by an average of **400- 500 calories per day**. This calorie estimate is derived from the average amount of milk and the nutritional content of breast milk produced per day. Moms should focus on a well-balanced diet rich in protein, omega-3 fatty acids, fiber, calcium, iron, and vitamin D. These nutrients have many benefits for mom and baby. Some of these benefits include supporting the mom's bone health, preventing anemia, and providing the baby with the nutrients needed for bone health and brain and vision growth. Choosing nutrient-rich foods is very important to keep the mother energized. It will also help the mom produce an adequate amount of breast milk for her baby. Use the table below to help you when making food choices:

| | Good Source of: | | | | | |
|--|-----------------|---------|---------|------|-----------|-------|
| | Protein | Omega-3 | Calcium | Iron | Vitamin D | Fiber |
| Fish (<i>chose lower mercury fish like salmon and sardines. Limit intake to 12 ounces per week</i>) | x | x | x | x | x | |
| Greek Yogurt | x | | x | | x | |
| Eggs | x | | x | | x | |
| Legumes (<i>chickpeas, kidney beans, lentils, black beans</i>) | x | | | x | | x |
| Whole grains (<i>whole grain bread, whole wheat pasta, brown rice</i>) | x | | | x | | x |
| Seeds (<i>flax, chia</i>) | x | x | x | | | x |
| Fortified milk | x | | x | | x | |
| Fortified cereals (<i>oats, grits, cold breakfast cereal like wheat flakes</i>) | x | | x | x | x | x |
| Nuts | x | | | x | | x |
| Leafy green vegetables (<i>spinach, kale, collard & mustard greens</i>) | | | x | | | x |

Hydration is also important for the mom to focus on while breastfeeding. Although, there are no recommendations on increasing fluid intake while breastfeeding, it is important to stay hydrated as breast milk is ~88% water.

Moms can increase their fluid intake by drinking water and eating foods that are high in water content. Some foods with a high-water content include watermelon, cucumbers, oranges, pineapples, bell peppers, strawberries and many more. Making infused water by adding some fruits to enhance its flavor can be a great way to increase your fluid intake. See recipe below.

Mixed Berry Infused Water:

Serving: 5 (each serving 1 cup)

Ingredients:

- ½ cup frozen strawberries, halved.
- ½ cup frozen blackberries.
- ½ cup frozen raspberries.
- 10 fresh mint leaves.
- 5 cups water.

Directions:

- In a large pitcher, place the fruits and mint leaves.
- Fill container with water.
- Let sit for 15-20 minutes.
- Pour in glass with ice (optional).
- Enjoy!



Source: American Academy of Pediatrics

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