



# SUPPORTING BREASTFEEDING IS AS EASY AS 1-2-3

In Orange County, only about 1/3 of infants are exclusively breastfeeding at 1 month. Studies show that consistent **Pediatric and Family Medicine physician support** influences breastfeeding initiation and duration. Here are easy, evidence-based actions that you can take to increase successful breastfeeding experiences for your patients.



## IN YOUR PRACTICE ENVIRONMENT: COMMUNICATE SUPPORT FOR BREASTFEEDING

- Demonstrate that you are a breastfeeding friendly pediatric or family medicine practice:
  - Display posters with positive images of breastfeeding mothers.
  - Provide a clearly identified space for mothers to breastfeed.
  - Do not distribute free formula or formula-sponsored promotional materials and coupons.
- Consider statements such as:
 

**“As your baby’s doctor, I want you to know that I support exclusive breastfeeding. It is important for mothers and babies.”**



## IN THE HOSPITAL: ENSURE MOMS START AND CONTINUE TO BREASTFEED

- Support on-demand feeds (wake non-demanding infants to feed if 3-4 hours since last feed started).
- Discourage use of any formula, water, juice, tea, and pacifiers.
- Review RN or lactation consultant assessment of breastfeeding episodes and maternal discomfort, pain, or other concerns. Refer to a lactation specialist if problems are identified.
- Teach infant feeding cues:
  - Early signs of infant hunger – increased alertness, sucking sounds, hand to mouth, or rooting
  - Late signs – fussing or crying
- Prior to discharge, ask the mother, “Do you feel that breastfeeding is going well?”
- Validate parents on decision to breastfeed their baby. Discuss importance of exclusive human milk feedings until 6 months of age.
  - Helps mom with post-delivery weight loss
  - Reduces mom’s risk of breast cancer
  - Reduces infant’s risk of ear and gastrointestinal infections
  - Reduces infant’s risk of allergies and asthma



## AT EVERY SCHEDULED INFANT VISIT: ASSESS & SUPPORT EXCLUSIVE BREASTFEEDING

### 1-2 DAYS AFTER HOSPITAL DISCHARGE:

- Assess mother’s confidence about breastfeeding.
- Assess milk supply and infant weight gain:

Infant Age	Feedings/24 Hrs	Wet Diapers/24 Hrs	Stools/24 Hrs (and consistency)	Weight Status
2-3 days	8-12	3-5	> 1-2 (meconium)	< 8 – 10% weight loss
4-5 days	≥ 8-12	≥ 6	> 3-4 (transitional by DOL 5)	No additional weight loss by DOL4 Gaining 15-30 grams/day
10-14 days	≥ 8-12	≥ 6	≥ 2	Return to BW by 10-14 days

- Arrange for appropriate follow up for adequate infant weight gain or breastfeeding concerns. Refer to a lactation specialist if mother is experiencing significant breastfeeding challenges.
- Support continued on-demand feeds (wake non-demanding infants to feed Q3-4 hours).

For more information, contact OC Family Health at [mcah@ochca.com](mailto:mcah@ochca.com)





## AT EVERY SCHEDULED INFANT VISIT: ASSESS & SUPPORT EXCLUSIVE BREASTFEEDING

- Teach/reinforce infant feeding cues.
- Discourage use of any formula, water, juice, tea, and pacifiers.
- Congratulate parents on decision to breastfeed their newborn.
- Discuss importance of exclusive human milk feedings until 6 months of age.
- Review a few key benefits of breastfeeding.
- Confirm mother's access to a double electric breast pump and/or provide a prescription, if eligible.

### **2 WEEKS — 6 MONTHS:**

- Assess how mother is feeling about breastfeeding.
- Assess milk supply and infant weight gain:

Infant Age	Feedings/24 Hrs	Wet Diapers/24 Hrs	Stool Frequency	Weight Status
2 weeks	≥ 8-12	≥ 6	≥ 2/day	Gaining 15-30 grams/day
1 month	≥ 6-10	≥ 4	Every feed – 1-2/week	Gaining 20-30 grams/day
2 – 6 months	≥ 6-10	≥ 4	Every feed – 1-2/week	Gaining 15-20 grams/day

- Support continued on-demand feeds. Discourage use of any formula, water, and juice.
- Review normal patterns of nighttime feedings – typically 1 or 2 per night.
- Discourage pacifiers until breastfeeding is well established (usually after 1 month of age).
- Discuss growth spurts and the need to increase breastfeeding frequency during those periods (typically at 2 weeks, 6 weeks, and 3 months of age).
- Explain techniques for storing and preparing human milk.
- Encourage continued breastfeeding if baby will be enrolled in child care.
- Commend mother on ongoing breastfeeding success.
- Discuss importance of exclusive human milk feedings until 6 months of age and continued (even partial) breastfeeding for at least a year.
- Review a few key benefits of breastfeeding.

### **ADDITIONAL QUESTIONS AND GUIDANCE**

- Is mother taking any medications?
- Does mom have a close contact that supports her breastfeeding? Women who experience breastfeeding difficulties are at higher risk of postpartum depression, and should be screened, treated, and referred appropriately.

### **ADDITIONAL RESOURCES**

Visit our website to view additional information and resources at: [www.ochealthinfo.com/bps](http://www.ochealthinfo.com/bps)

**Infant Risk Center Mobile App**  
**Maternal Medications and Breastfeeding**  
**Orange County Referral Resources**  
**Parent Breastfeeding App**  
**Storing and Preparing Human Milk**  
**Texas Breastfeeding Guide**