

LACTATION EVER AFTER

how your support lays the foundation for every family's success



**THE FAMILY YOU SUPPORT BELIEVES
BREASTFEEDING WILL LOOK LIKE THIS.**

and for a lucky few, it might.



**BUT THIS IS A MORE COMPLETE PICTURE OF
POSSIBILITIES.**

for the majority of families you support.

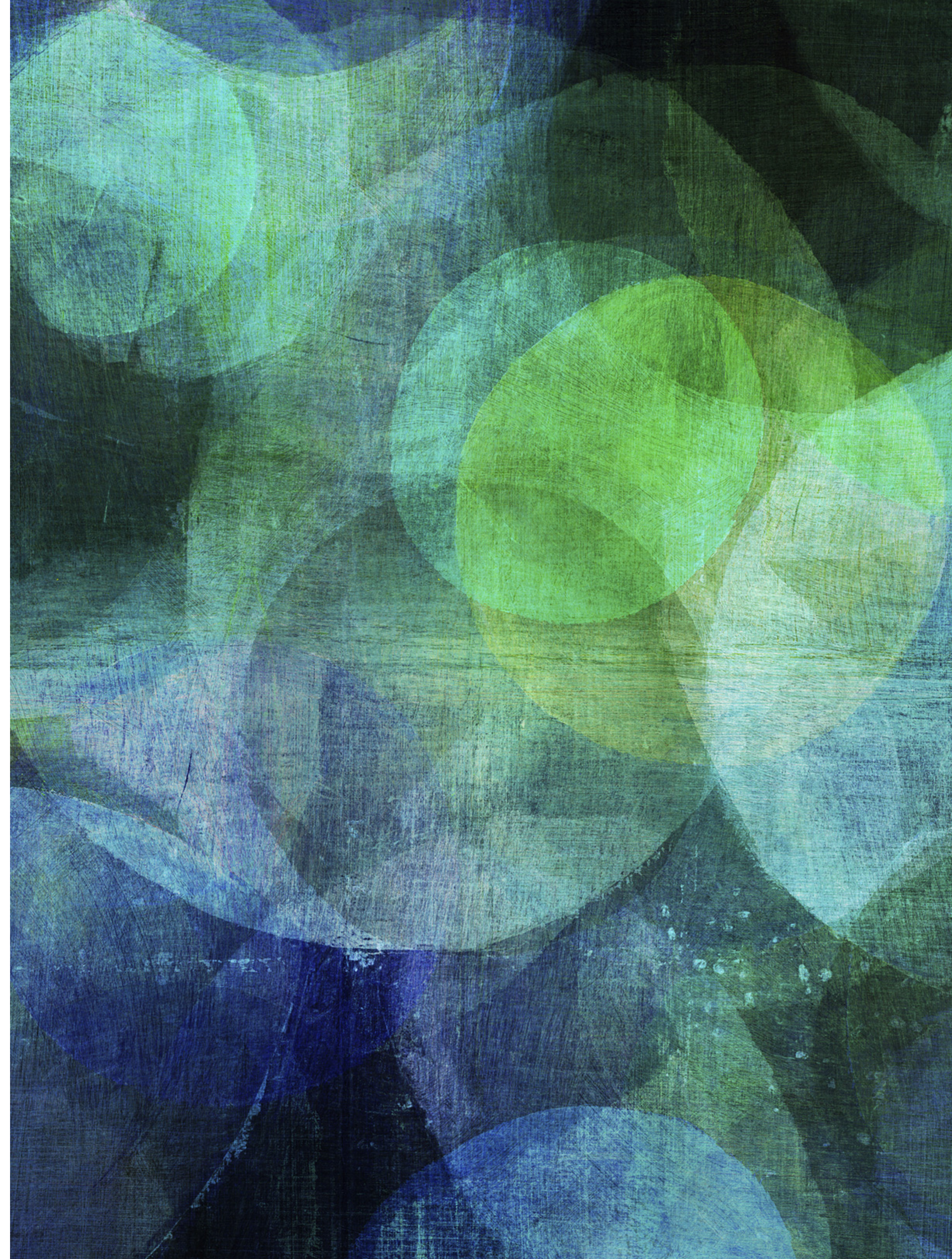
WHAT IS HAPPENING HERE?

Where is the disconnect?

MANY PARENTS ARE GOING INTO BREASTFEEDING UNDER-EDUCATED.

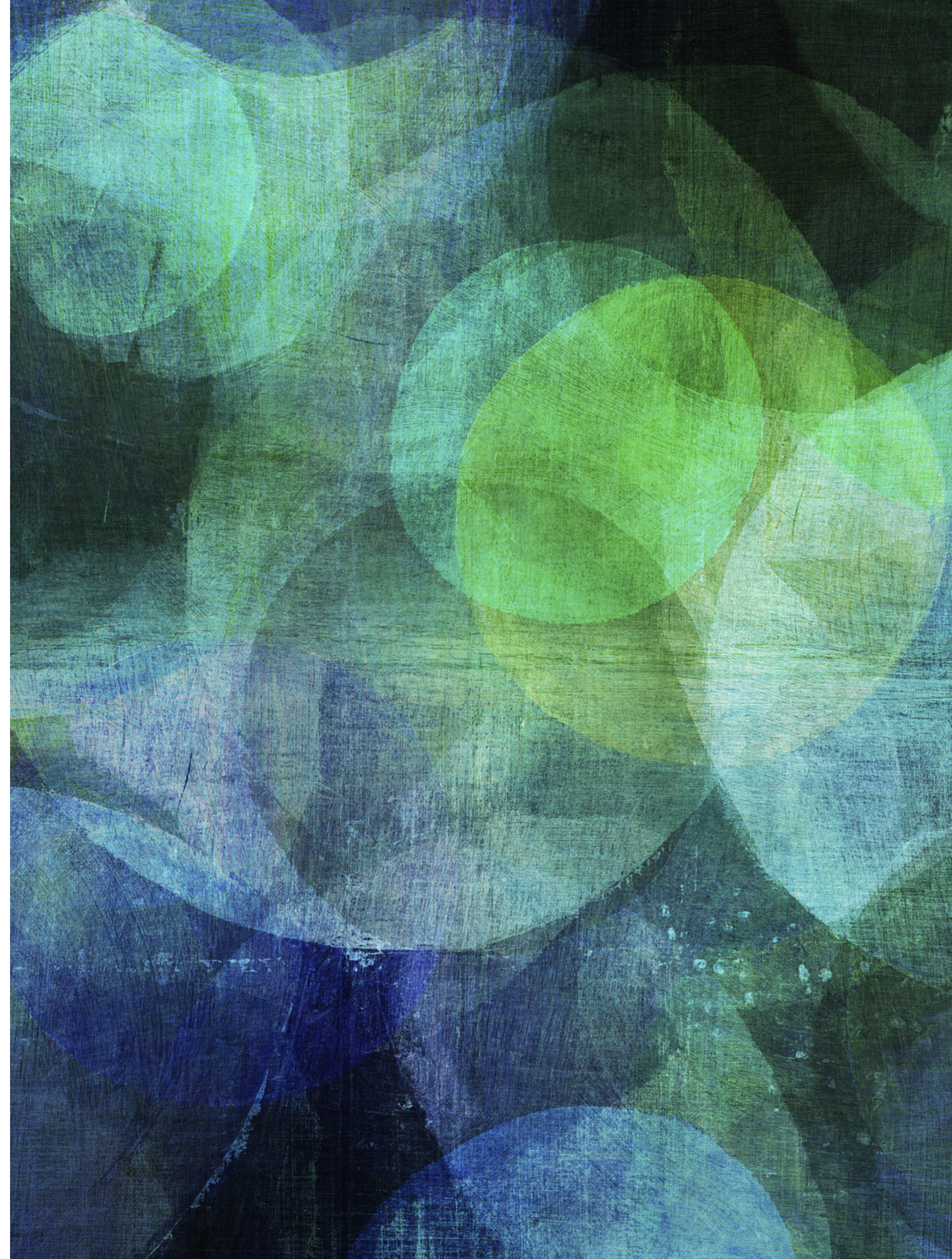
*Walmart employees likely have more
training than they do.*

Source: <https://www.quora.com/What-kind-of-training-do-Walmart-cashiers-go-through>



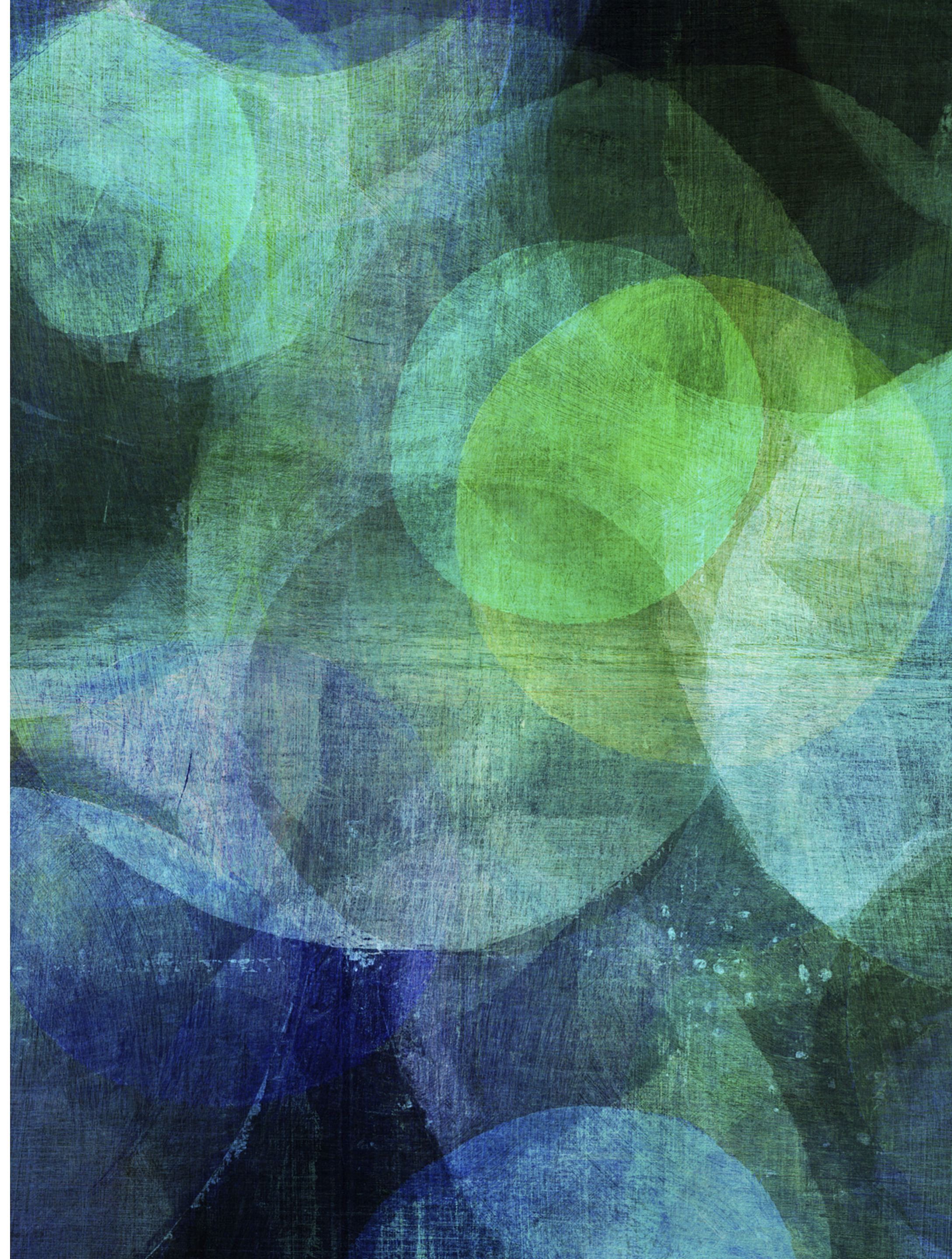
**MANY PARENTS
BELIEVE THAT
BREASTFEEDING IS
NATURAL, AND WILL
JUST “HAPPEN”.**

*Breastfeeding is hidden in our culture.
Parents are often unsure of what is normal.*



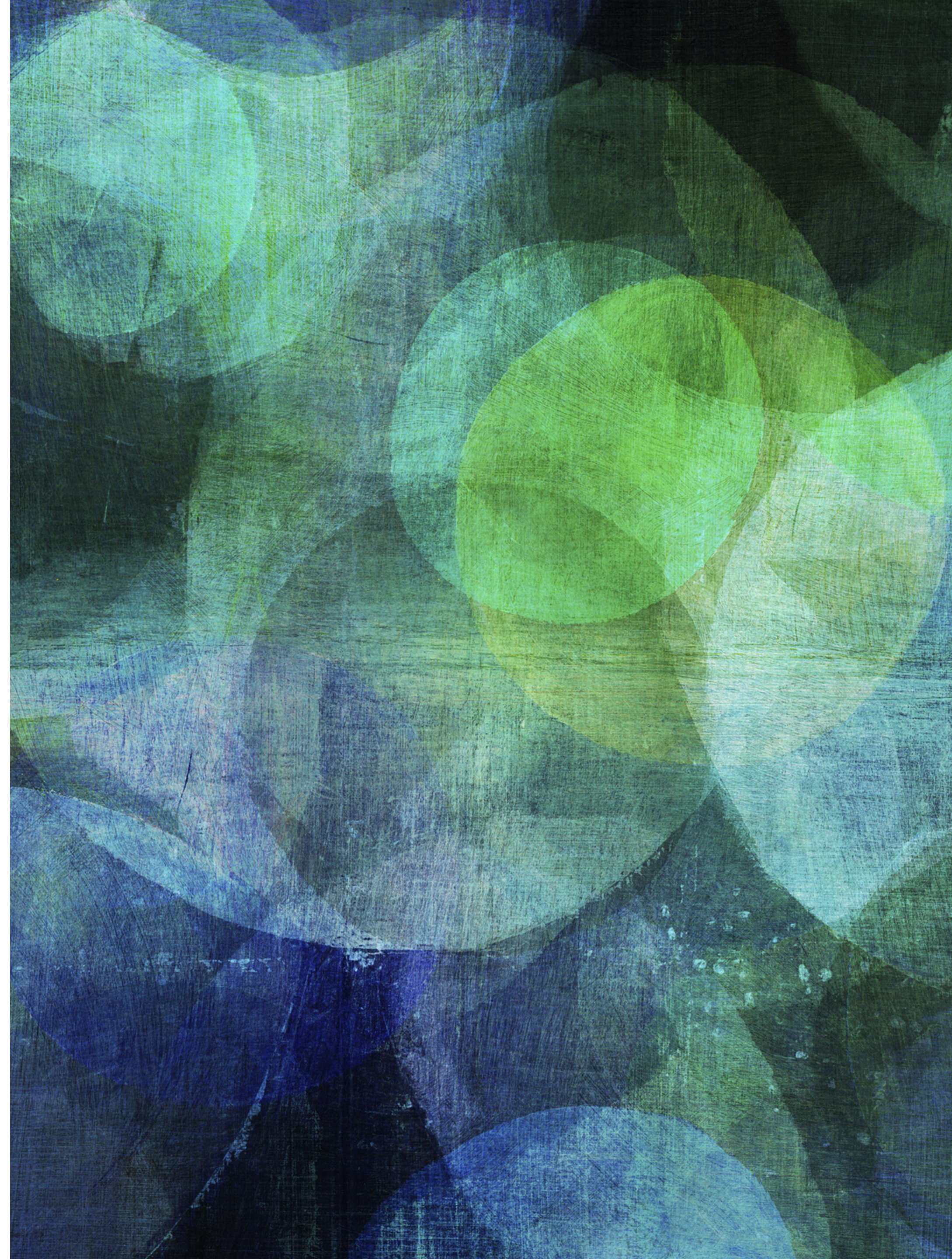
**MANY PARENTS
BELIEVE THAT THEIR
BODY WILL MAGICALLY
CREATE ALL THE MILK
THEIR BABY NEEDS.**

There may be times throughout their nursing relationship that they re-establish demand.



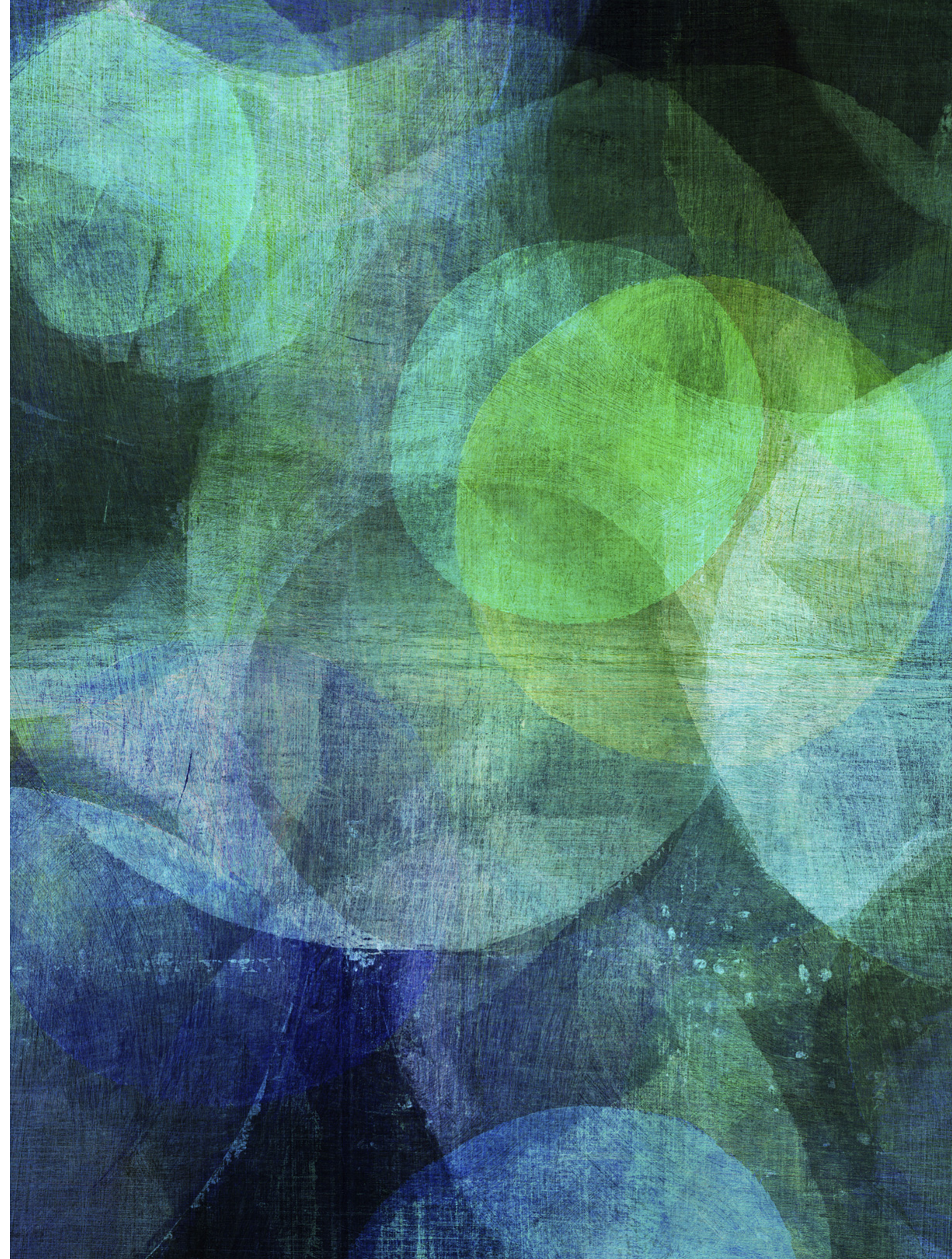
**MANY PARENTS
BELIEVE THAT A
GOOD LATCH IS A
ONE TIME
ACHIEVEMENT.**

This can change each session, they need reminders this is an evolving dance.



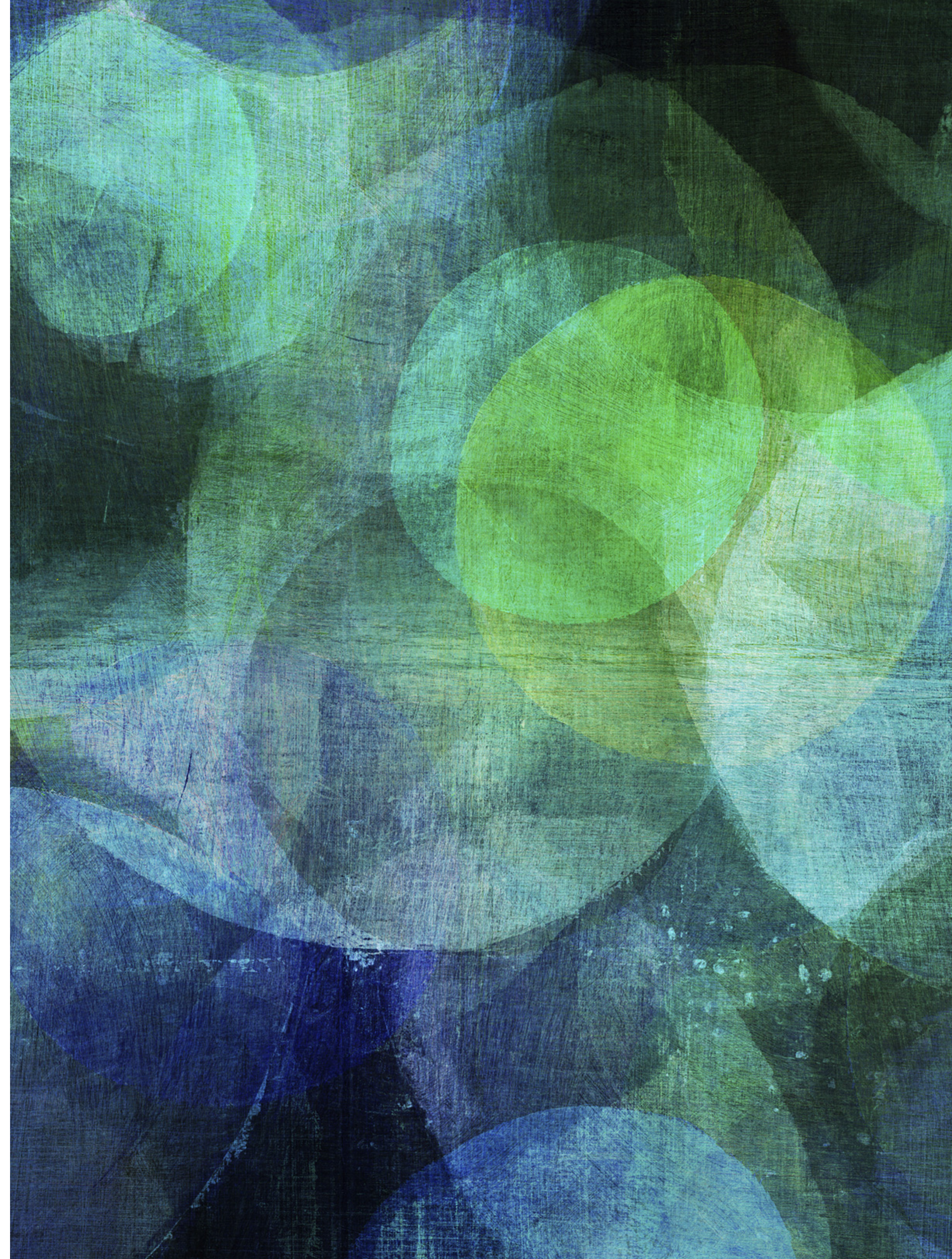
**MANY PARENTS
BELIEVE THAT
BREASTFEEDING IS
ALL OR NOTHING.**

*In difficult times we can readjust, pivot
or resume lactation later if needed.*



**MANY PARENTS BELIEVE
SUPPLEMENTATION
WILL MESS UP
BREASTFEEDING
FOREVER.**

*It may be the bridge to helping
breastfeeding remain sustainable.*



**WHY SHOULD THIS MATTER TO
YOU?**



**GLOBALLY, ONLY
ABOUT 2 IN 5
NEWBORNS ARE
PUT TO THE
BREAST IN THE
FIRST HOUR.**

Unicef (2019). Global early initiation breastfeeding rates. Retrieved from: https://www.unicef.org/publications/files/UNICEF_WHO_Capture_the_moment_EIBF_2018.pdf



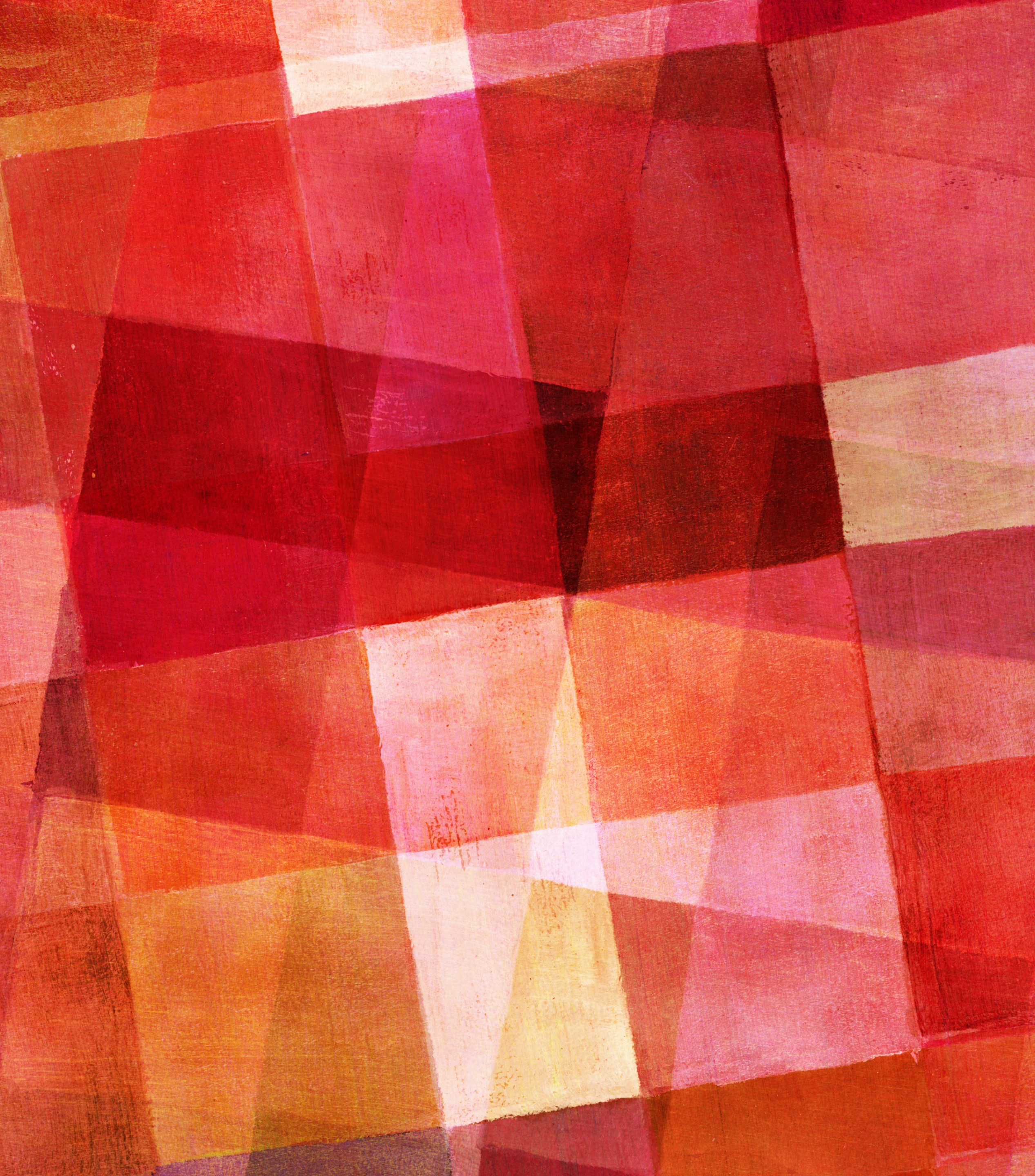
**WHO RECOMMENDS
EXCLUSIVE BREASTFEEDING
FOR THE FIRST 6 MONTHS.**

**GLOBALLY, ONLY 38%
INFANTS EXCLUSIVELY
BREASTFEED FROM 0-6
MONTHS.**



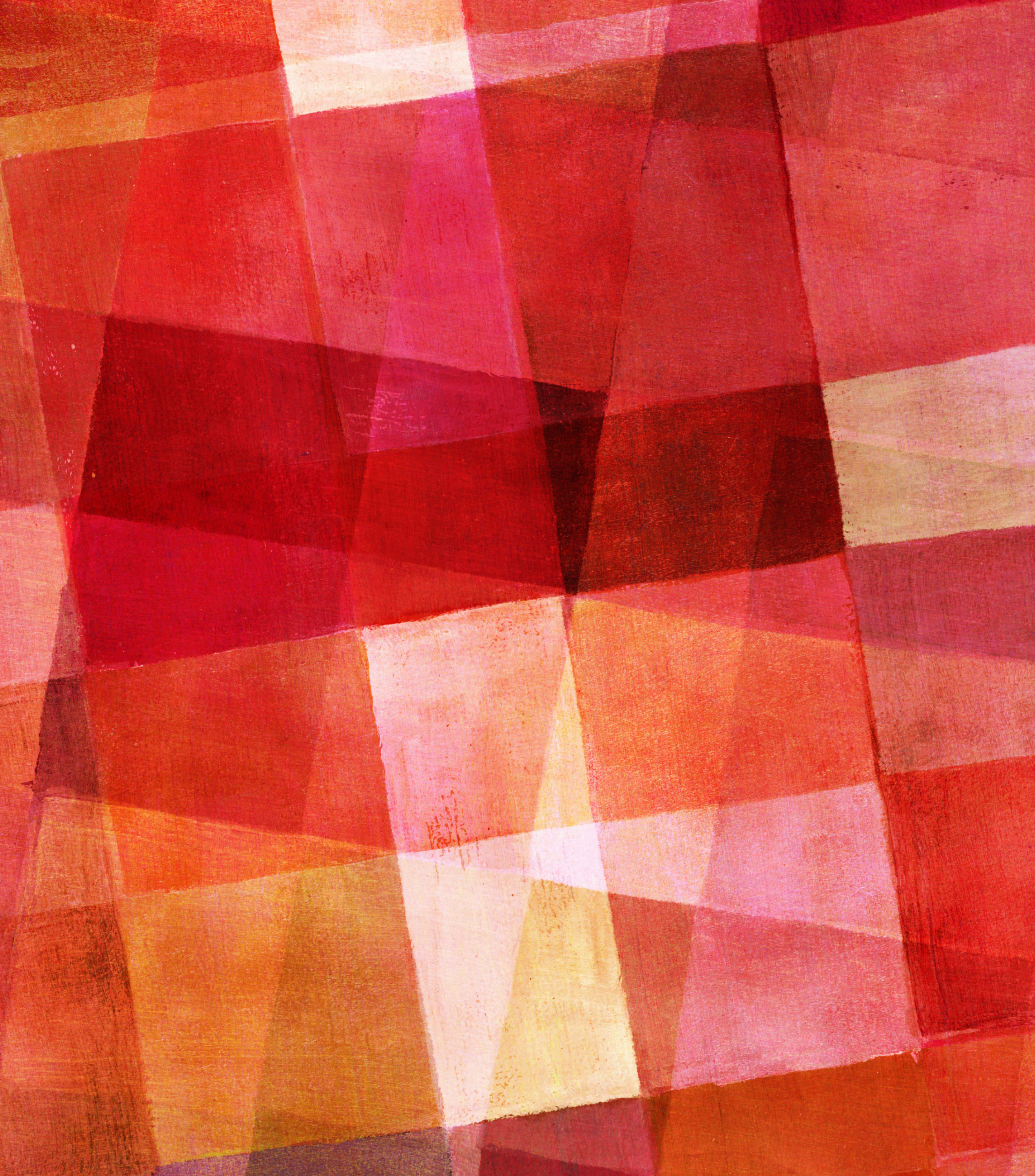
**80% OF MOTHERS
EXPECT TO
BREASTFEED,**

**YET ONLY 14% ARE
EXCLUSIVELY
BREASTFEEDING AT 6
MONTHS.**



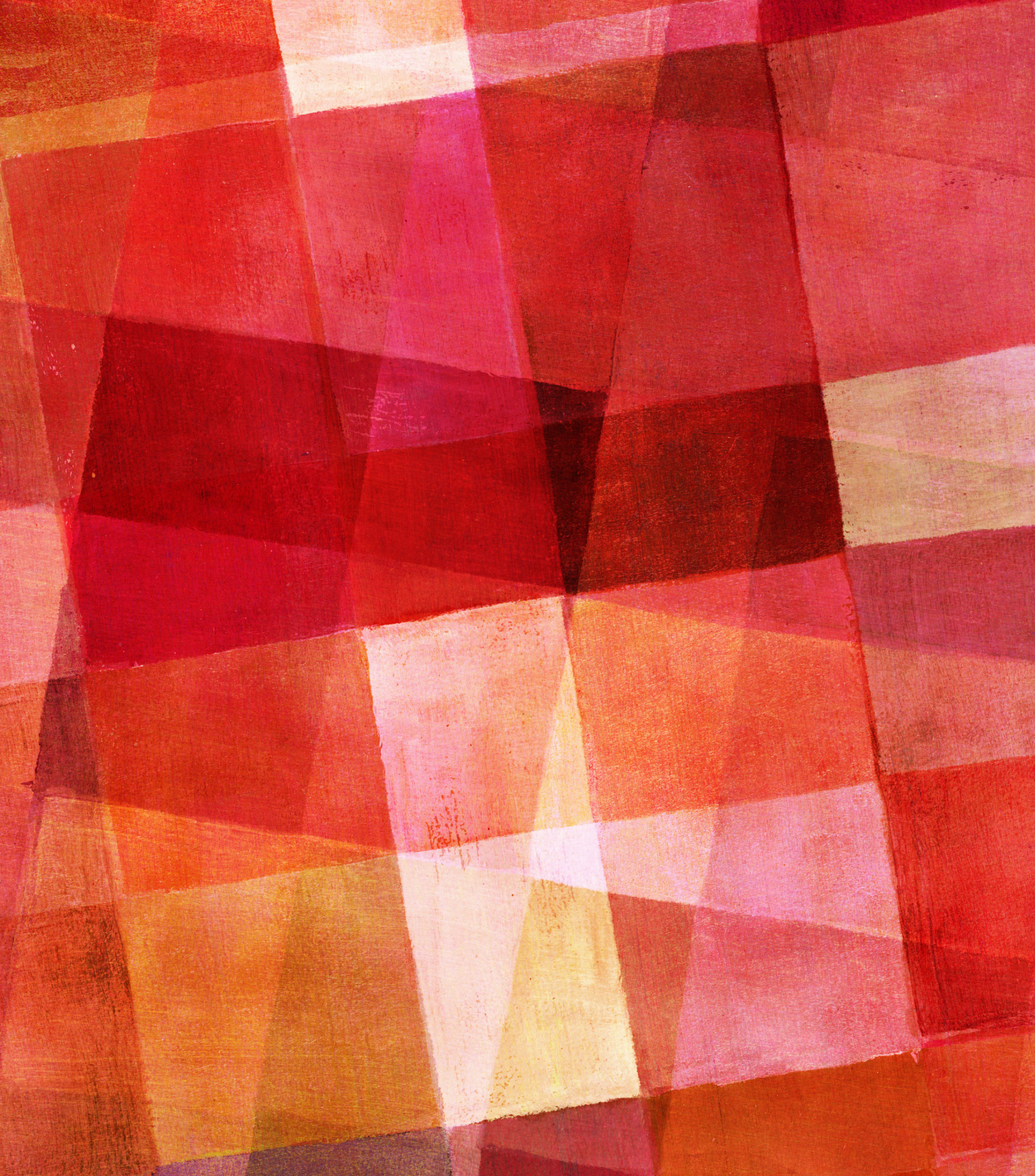
**“INFANTS WHO HAD FED ONLY
AT THE BREAST PRIOR TO
RECRUITMENT WERE MORE
LIKELY TO BE CONTINUING TO
HAVE ANY BREAST MILK AT 6
MONTHS THAN THOSE WHO HAD
RECEIVED ANY [EXPRESSED
BREAST MILK] AND/OR INFANT
FORMULA.”**

Health Services Research (2015). Feeding infants directly at the breast during the postpartum hospital stay is associated with increased breastfeeding at 6 months postpartum: a prospective cohort study. Retrieved from: <https://bmjopen.bmj.com/content/5/5/e007512>



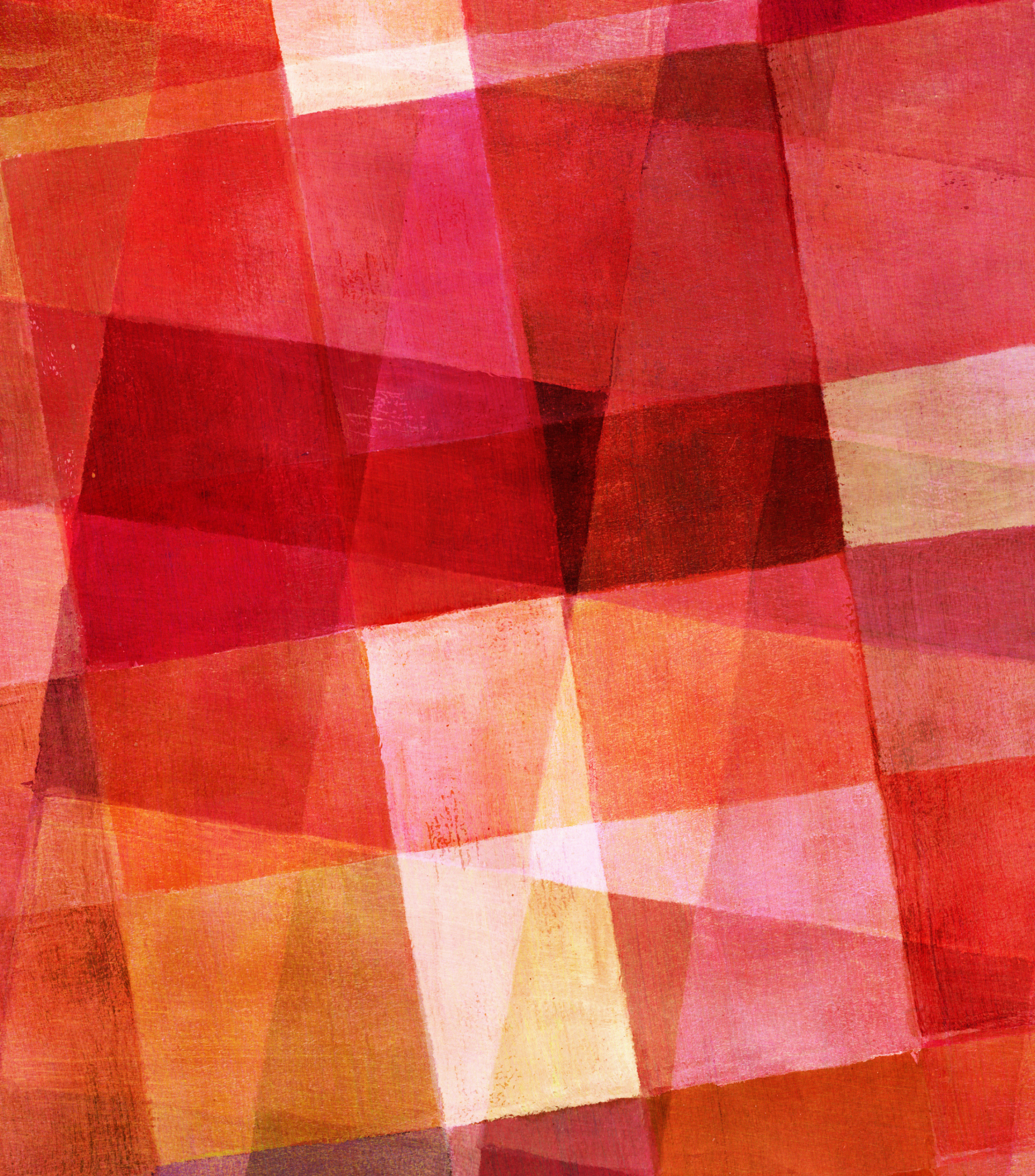
**“AMONG WOMEN INTENDING
EXCLUSIVELY BREASTFED,
IN-HOSPITAL FORMULA
SUPPLEMENTATION WAS
ASSOCIATED WITH NEARLY
2-FOLD GREATER RISK OF
NOT FULLY BREASTFEEDING
DAYS 30–60 AND . . .”**

The Journal of Pediatrics (2014). In-Hospital Formula Use Increases Early Breastfeeding Cessation Among First-Time Mothers Intending to Exclusively Breastfeed. Retrieved from:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4120190/>



**“ NEARLY 3-FOLD RISK
OF BREASTFEEDING
CESSATION BY DAY 60,
EVEN AFTER ADJUSTING
FOR STRENGTH OF
BREASTFEEDING
INTENTIONS . . . ”**

The Journal of Pediatrics (2014). In-Hospital Formula Use Increases Early Breastfeeding Cessation Among First-Time Mothers Intending to Exclusively Breastfeed. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4120190/>



“ . . . STRATEGIES SHOULD BE SOUGHT TO AVOID UNNECESSARY IN-HOSPITAL FORMULA SUPPLEMENTATION AND TO SUPPORT BREASTFEEDING WHEN IN-HOSPITAL FORMULA SUPPLEMENTATION IS UNAVOIDABLE.”

The Journal of Pediatrics (2014). In-Hospital Formula Use Increases Early Breastfeeding Cessation Among First-Time Mothers Intending to Exclusively Breastfeed. Retrieved from:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4120190/>

**HOW DO WE SAVE THE
BREASTFEEDING?**



WE REDEFINE WHAT BREASTFEEDING MEANS.

*Excerpt written by Alyssa Schnell, IBCLC and author of
Breastfeeding Without Birthing.*



**WE EXPAND AND BROADEN OUR EFFORTS TO
SUPPORT MOTHERS ON THE FRINGES**

...and all parents who desire to breastfeed.



**WE NURTURE THE JOURNEY, AND GIVE HOPE FOR
WHAT IS POSSIBLE.**

The first 24-48 hours sets the tone for launching from the birth place.

THIS IS WHERE I COME FROM.



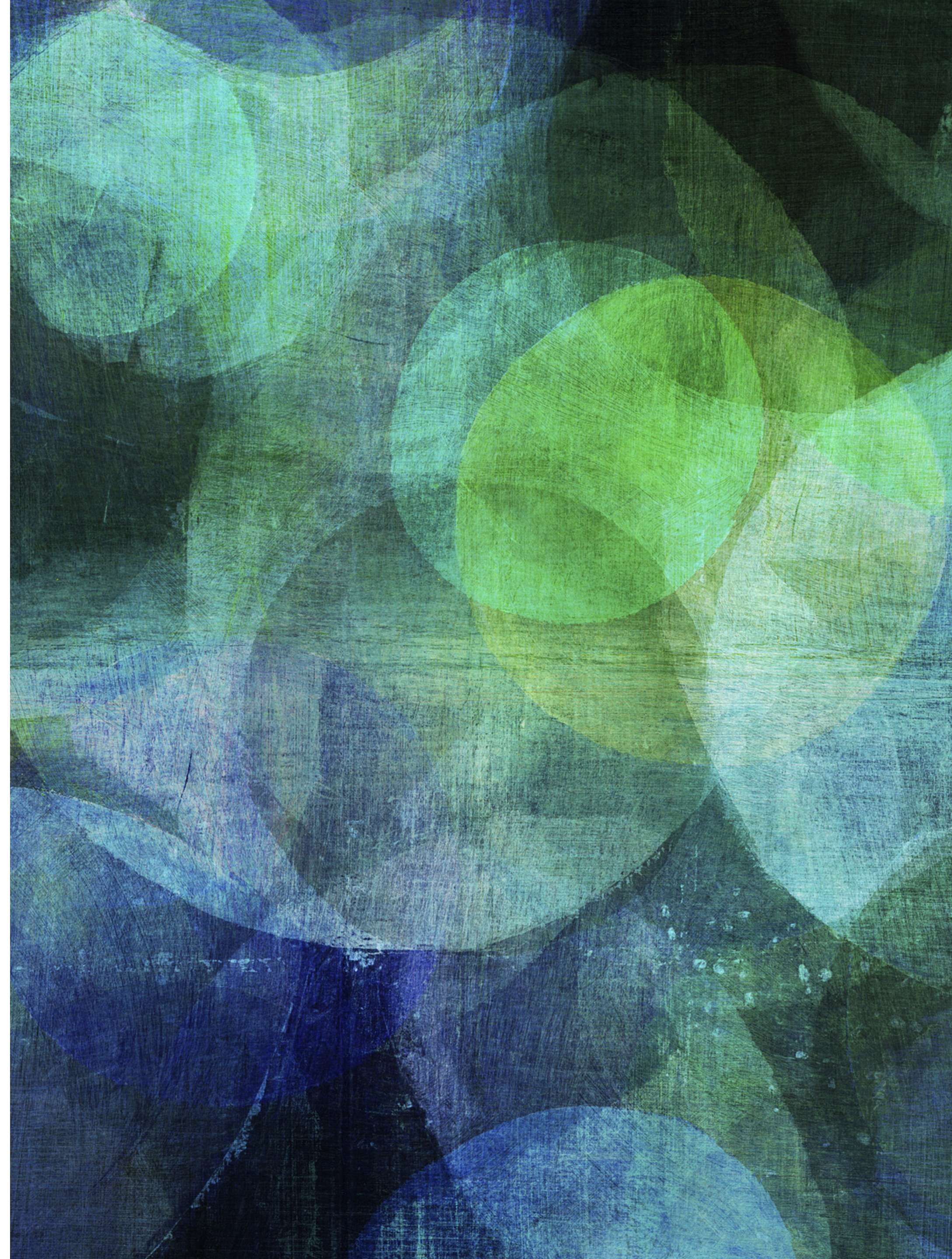
I AM NOT AN OUTLIER.

*Thousands of parents around the world are reaching out to us
for support on this issue.*

**HOW CAN WE START IN THE
IMMEDIATE POSTPARTUM TIME?**

SKIN TO SKIN IMMEDIATELY

What about baby separation?



IN EVENT OF BABY SEPARATION:

**GIVE PARENTS REASSURANCE THAT THERE WILL BE OPPORTUNITIES TO KEEP
LEARNING THIS**

IF BABY IS HEALTHY, BABY IS PLACED SKIN TO SKIN WITH PARTNER.

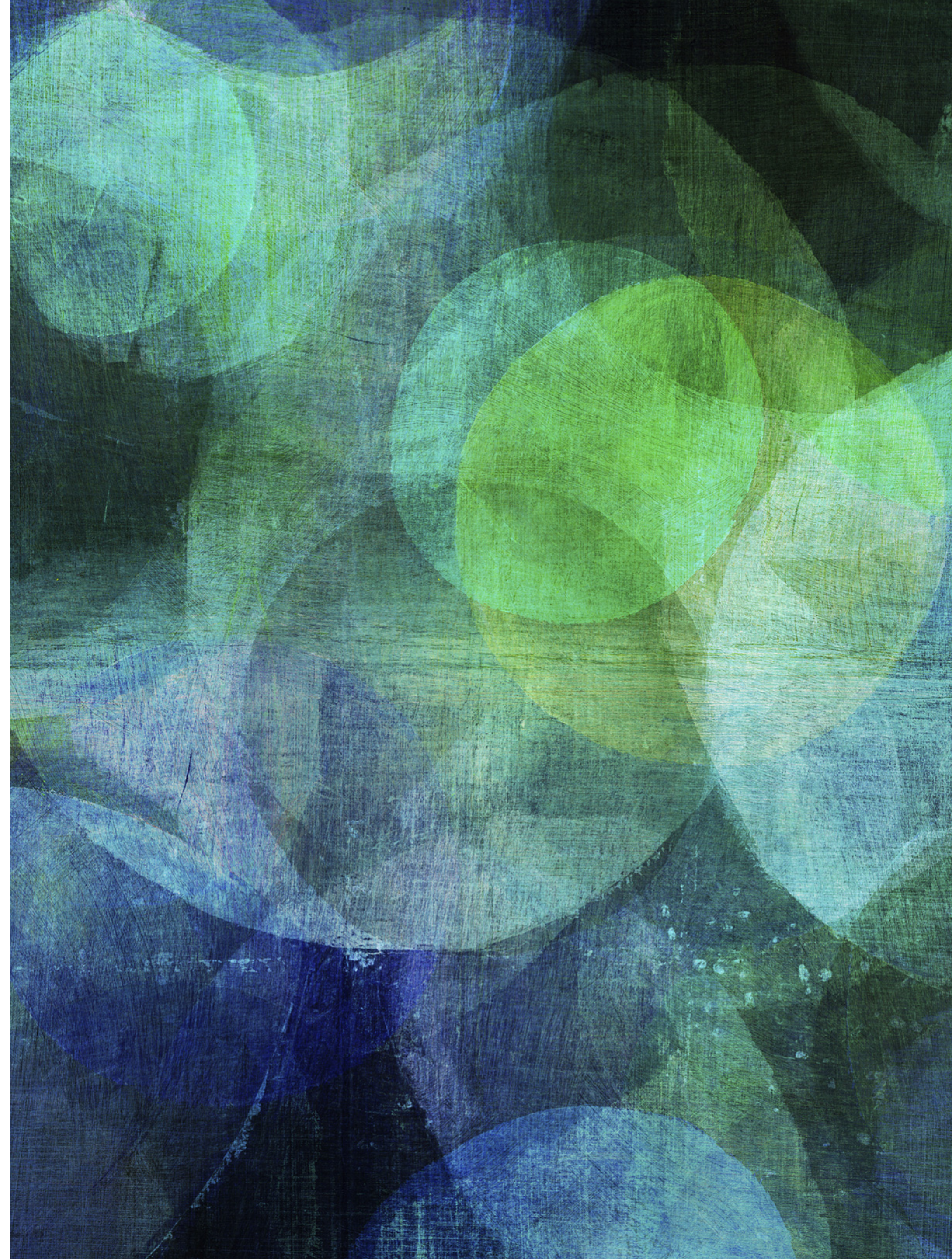
OR

BABY IS PLACED SKIN TO SKIN AS SOON AS POSSIBLE

DISCUSS THE IMPORTANCE OF ONGOING KANGAROO CARE DURING THE FIRST YEAR.

FEED THE BABY AT THE BREAST

What if baby doesn't latch?



WHAT IF BABY DOESN'T LATCH?

GIVE PARENTS REASSURANCE THAT THERE WILL BE OPPORTUNITIES TO KEEP
LEARNING THIS

OFFER FINGER FEEDING USING A SYRINGE OR TUBE FEEDING OPTION

OR

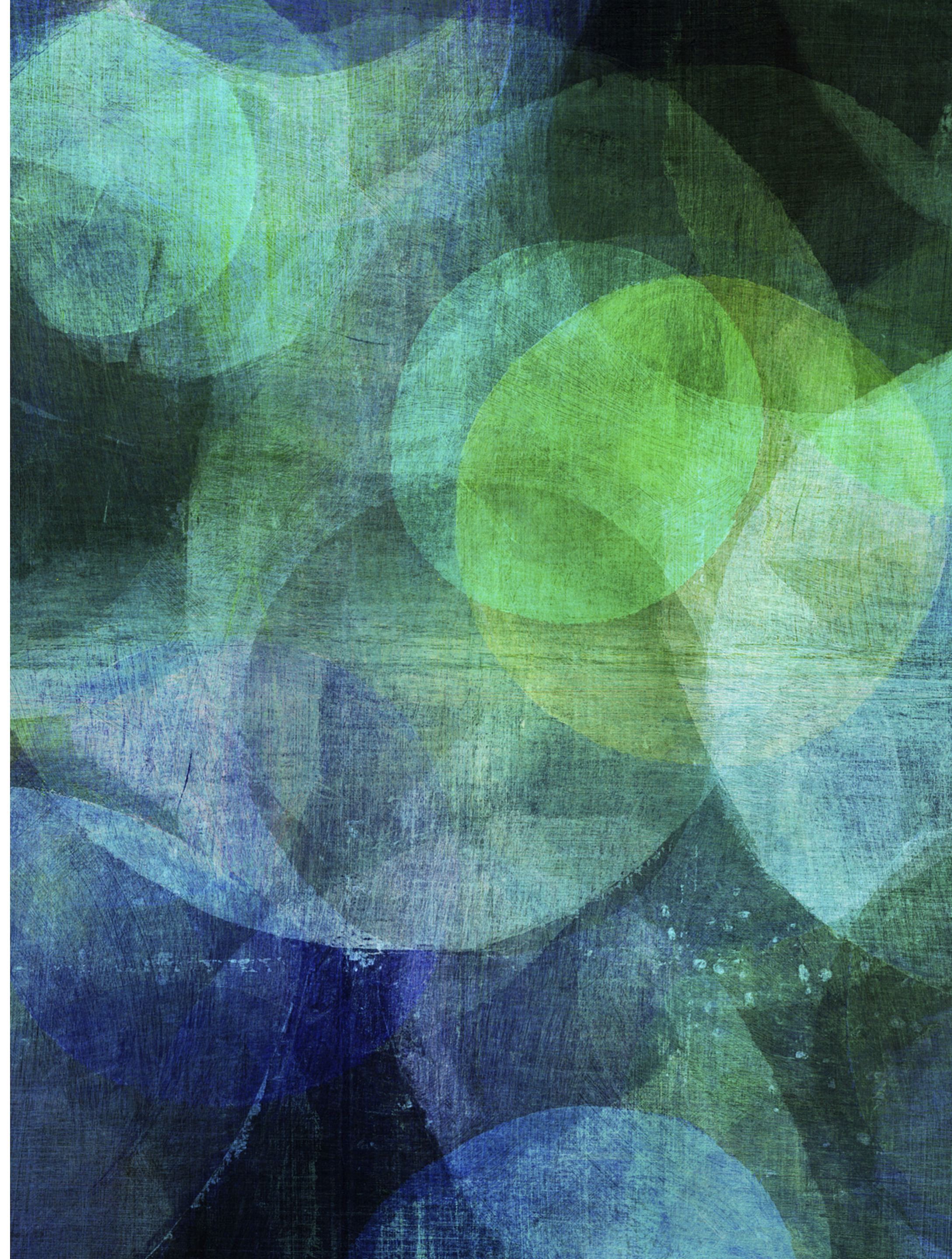
OFFER CUP OR SPOON FEEDING

OR

OFFER BOTTLE SKIN TO SKIN AFTER PACED BOTTLE FEEDING

FEED THE BABY MOTHER'S MILK

What if baby doesn't feed well?



WHAT IF BABY DOESN'T FEED WELL?

REMEMBER: DOES THE CODE RESTRICT PROMOTIONAL ACTIVITIES TO HEALTH WORKERS AND IN HEALTH CARE SETTINGS?

Yes. The Code calls for a total prohibition of any type of promotion of breast-milk substitutes, bottles, or nipples in health services. [except for “scientific and factual matters”].

WHAT IF BABY DOESN'T FEED WELL?

**GIVE PARENTS REASSURANCE THAT THERE WILL BE OPPORTUNITIES FOR BABY TO
KEEP LEARNING THIS**

**SPEND A FEW MINUTES OFFERING BIRTHING PARENT AND OR PARTNER
REASSURANCE, AND HELPING THEM RELAX AND GET COMFORTABLE.**

THEN OFFER STEP BY STEP GUIDANCE

WHAT IF BABY DOESN'T FEED WELL?

FIRST CHOICE: MOTHERS OWN MILK

**-HAND OR MANUALLY EXPRESSED INTO A SPOON OR CUP FOR FEEDING AFTER AN
ATTEMPT TO BREASTFEED**

LESS CUMBERSOME THAN A PUMP!

WHAT IF BABY DOESN'T FEED WELL?

SECOND CHOICE: ANOTHER MOTHER'S MILK

-FED VIA AT-BREAST SUPPLEMENTER

-CUP, SYRINGE (FINGER-FEEDING) SKIN-TO-SKIN

-KASSING METHOD (PACED-BOTTLE-FEEDING) SKIN-TO-SKIN

WHAT IF BABY DOESN'T FEED WELL?

LAST CHOICE: FORMULA

-FED VIA AT-BREAST SUPPLEMENTER

-KASSING METHOD (PACED BOTTLE FEEDING) SKIN-TO-SKIN

WHAT IF BABY DOESN'T FEED WELL?

- PARTNER FED IF MOTHER NEEDS REST OR DESIRES BONDING WHEN
BREASTFEEDING IS NOT WORKING**
- USE THIS OPPORTUNITY TO DEMONSTRATE FEEDING CHOICE, PROMOTE SKIN TO
SKIN WITH PARTNER**



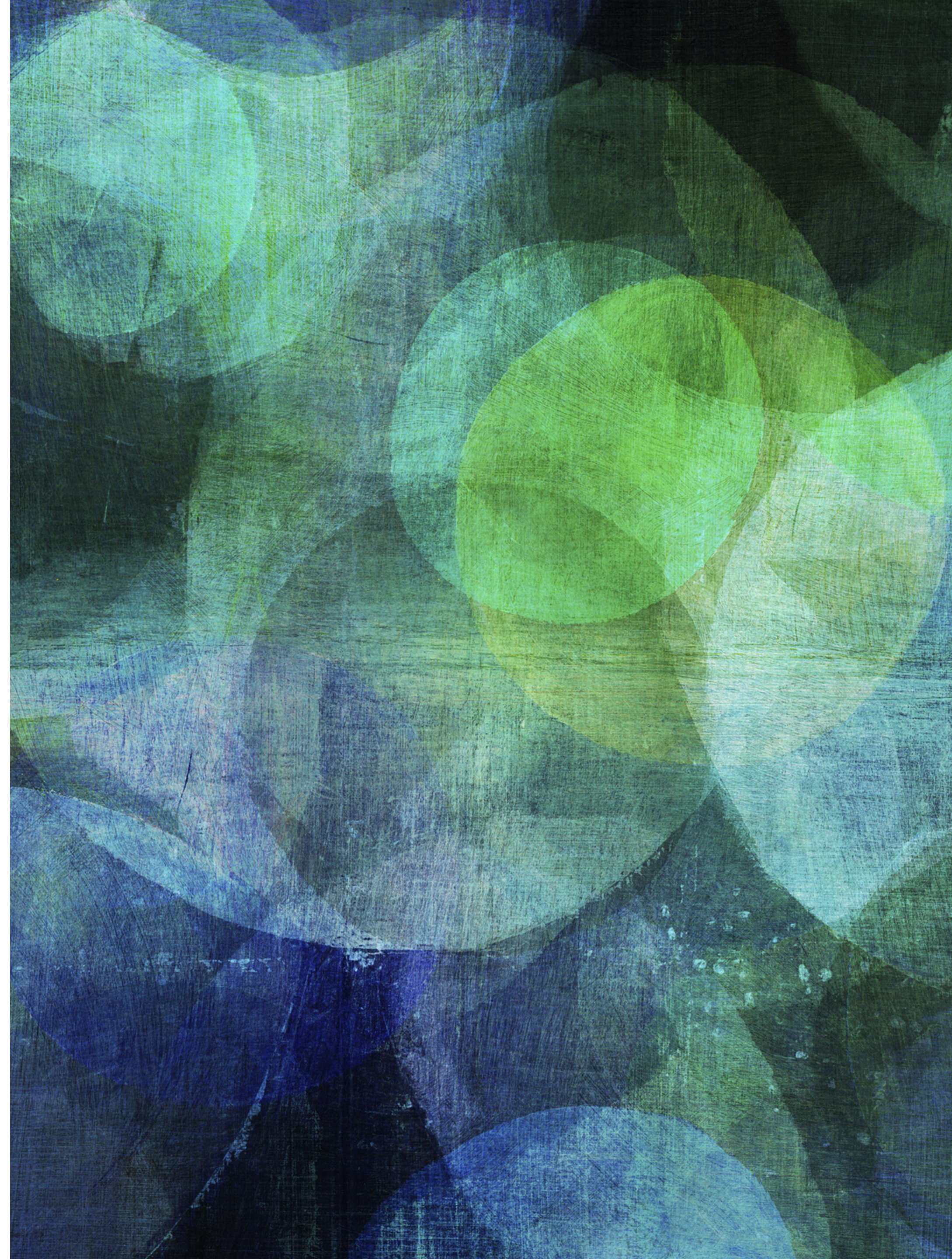
AT-BREAST-SUPPLEMENTATION YOU SAY?

An Essential Breastfeeding Tool for Supporting the Less Than Perfect Breastfeeding Dyad

WHY AT-BREAST?

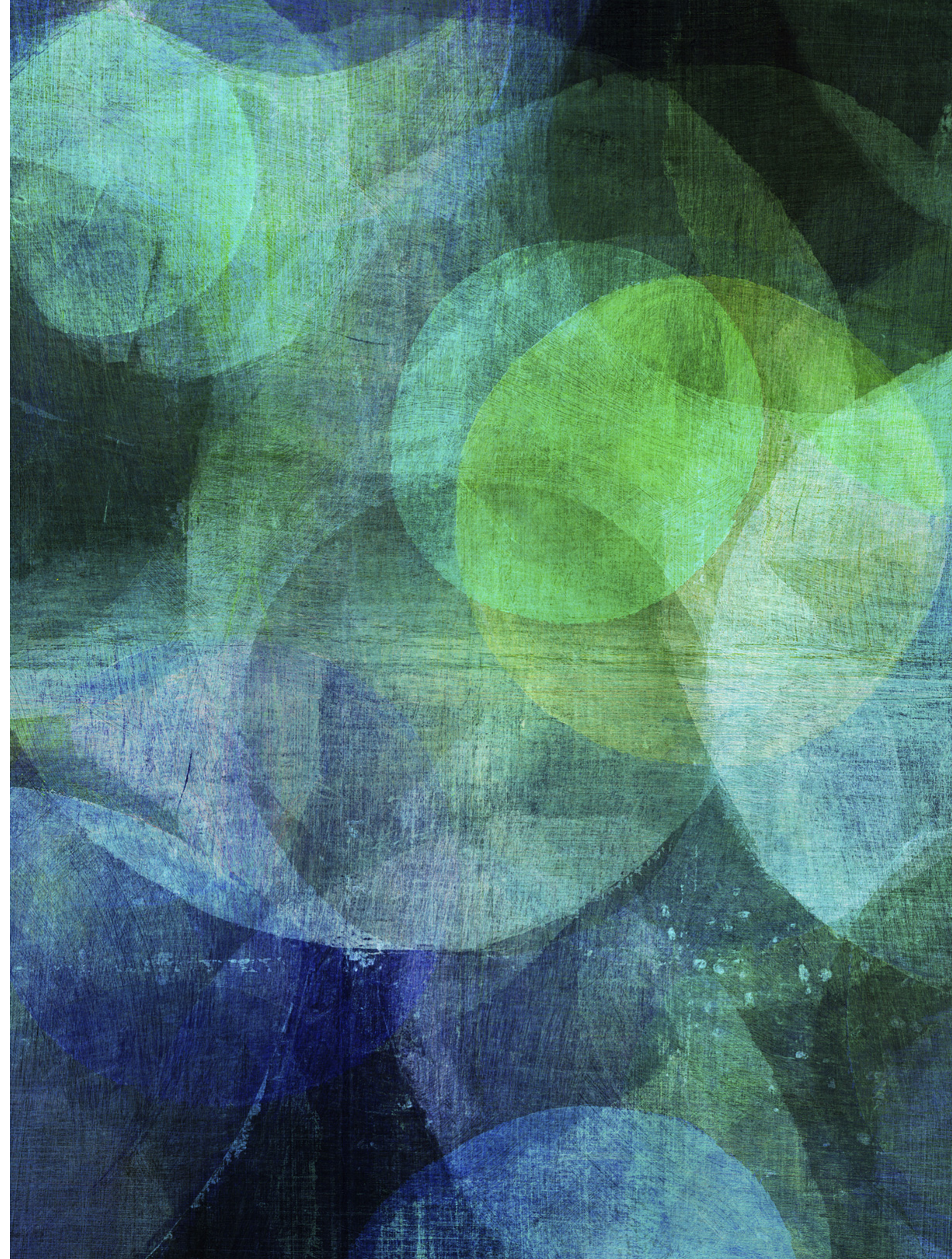
HELPS PARENTS KEEP PRACTICING LATCHING.

*... and helps babies keep practicing
latching.*



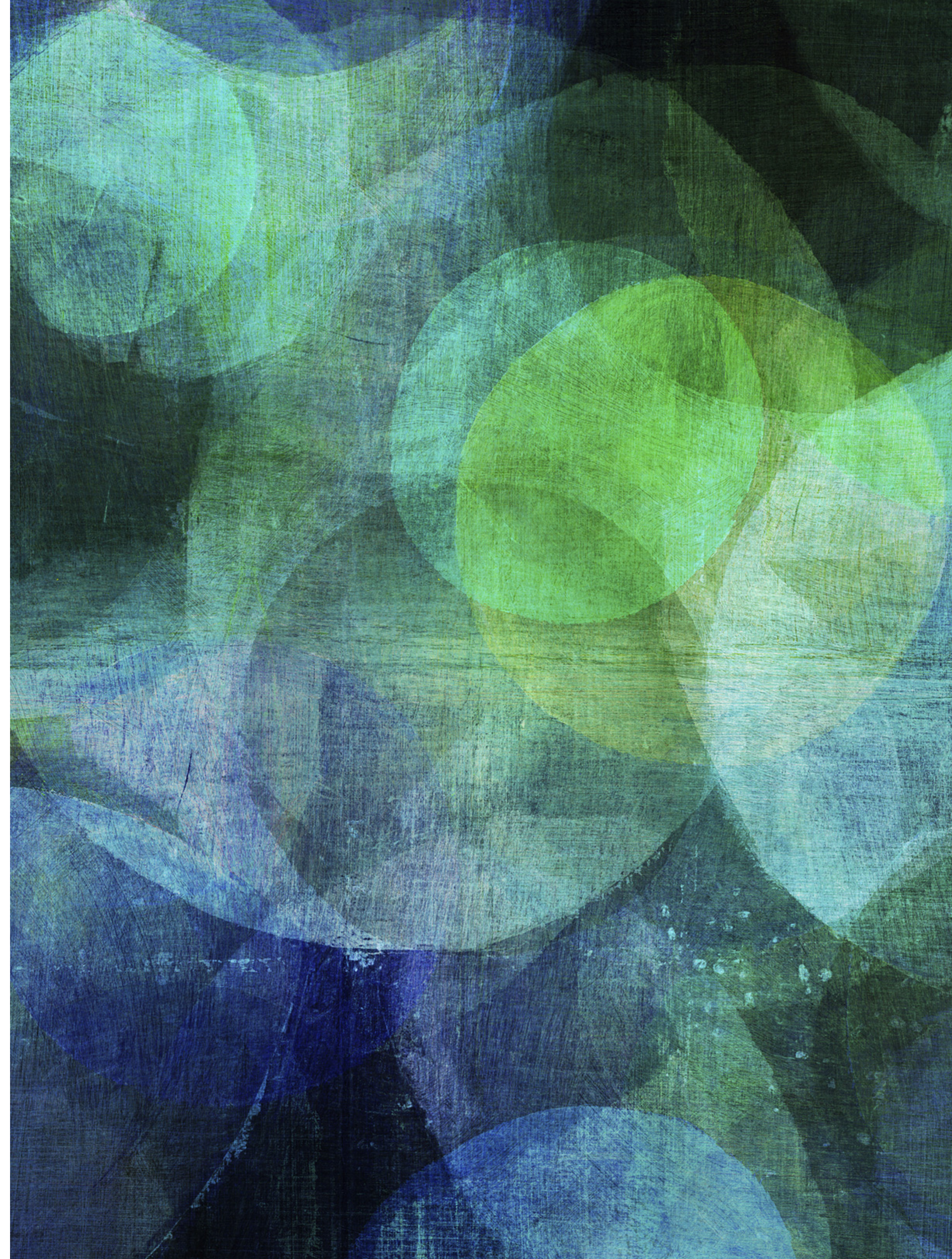
HELPS PARENTS TO PUMP LESS AND SLEEP MORE.

*... and helps babies to have parents that
will keep going at trying breastfeeding.*



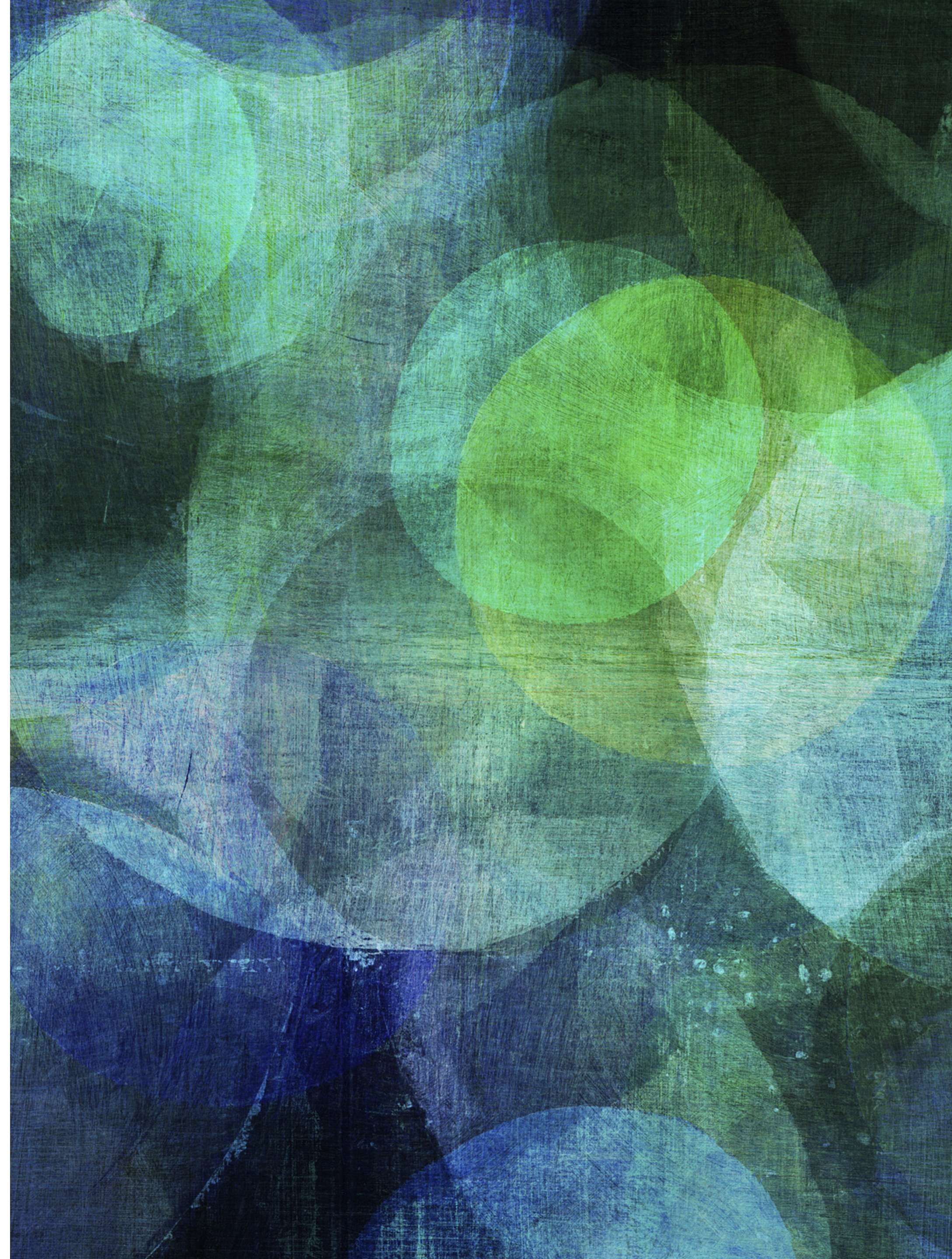
**HELPS PARENTS TO
INCREASE MILK
PRODUCTION
SIMULTANEOUS WITH
BREASTFEEDING.**

*...and helps babies get more milk when
they are not gaining quickly enough.*



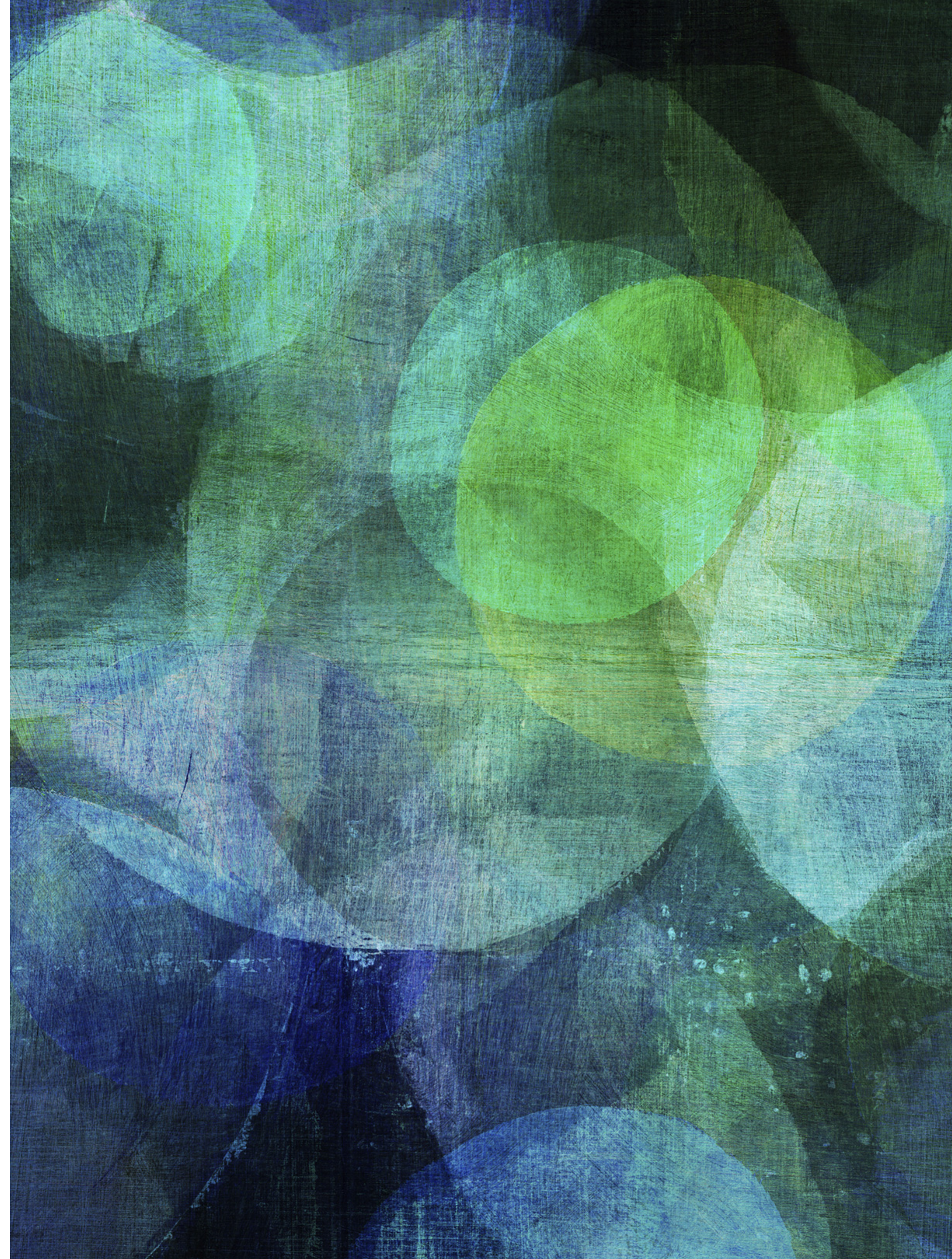
**HELPS PARENTS TO
REGAIN
CONFIDENCE THAT
BREASTFEEDING
WORKS.**

*...and helps babies get an instant
reward for latching.*



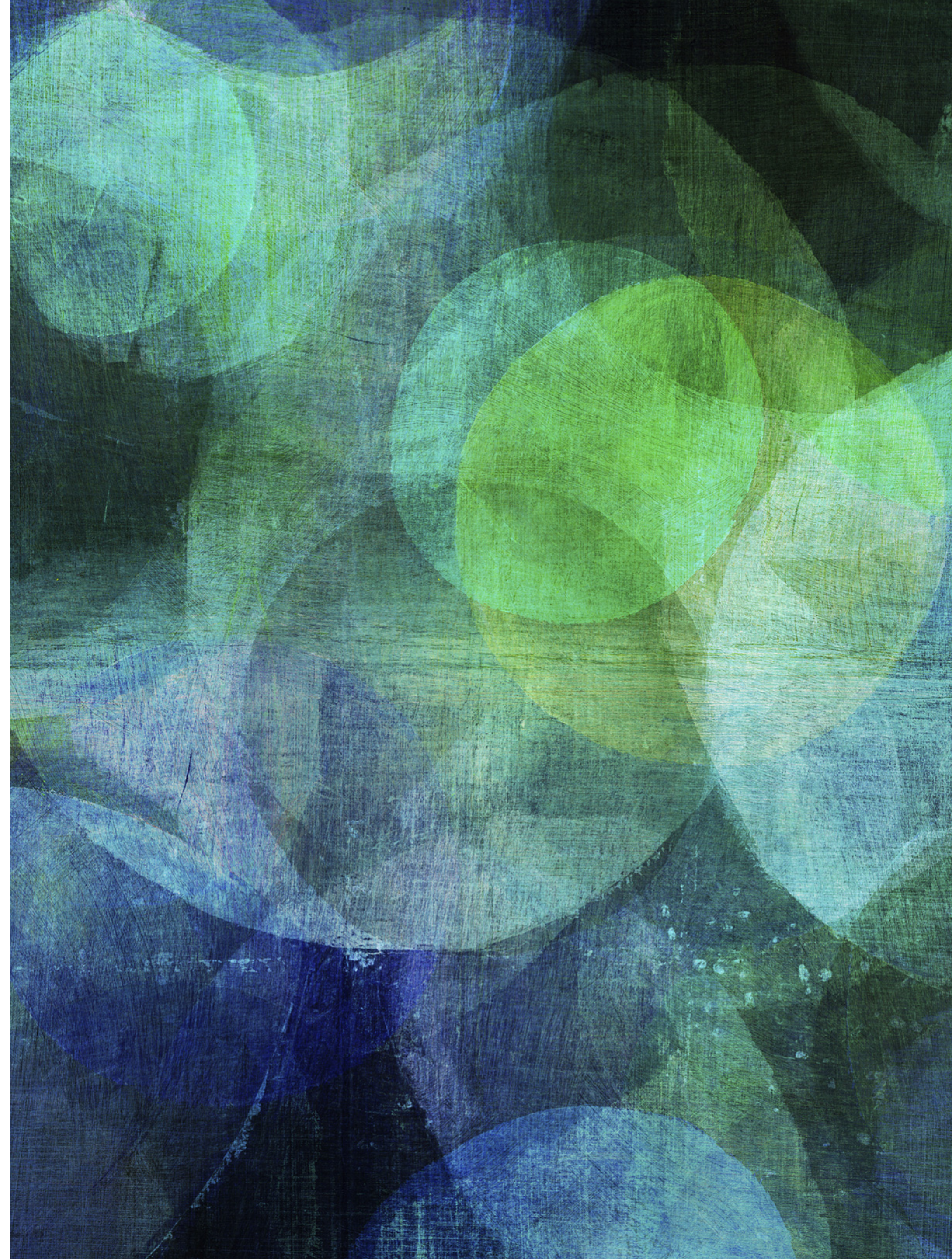
HELPS PARENTS INCREASE BONDING AND SKIN-TO-SKIN CONTACT.

...and helps babies find comfort and connection in their new outer habitat.



HELPS PARENTS TO PUMP LESS AND SLEEP MORE

*...and helps babies have more nurturing
attention from their caregiver.*



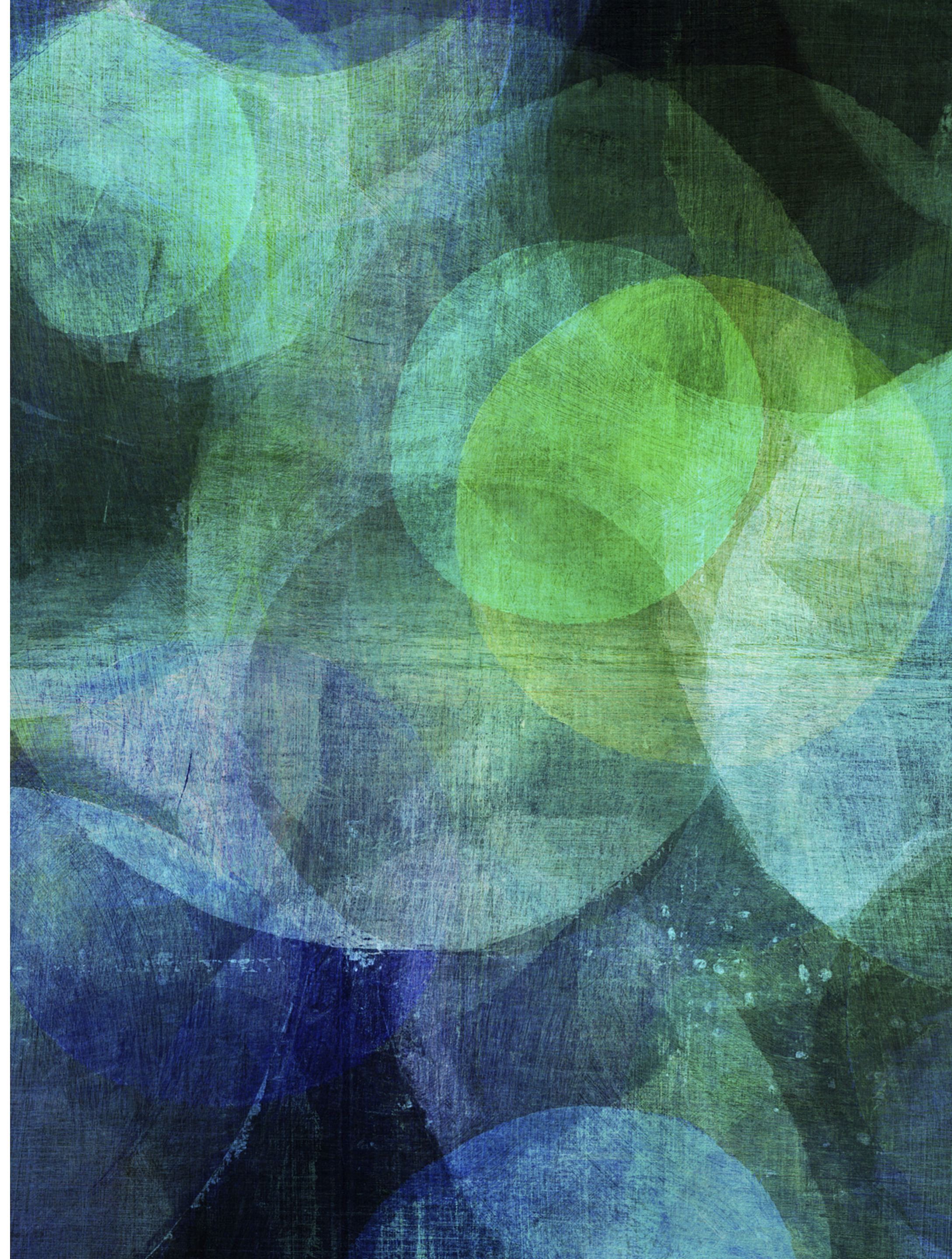


START WITH A PARADIGM SHIFT

Normalizing this essential tool for parents establishing breastfeeding.

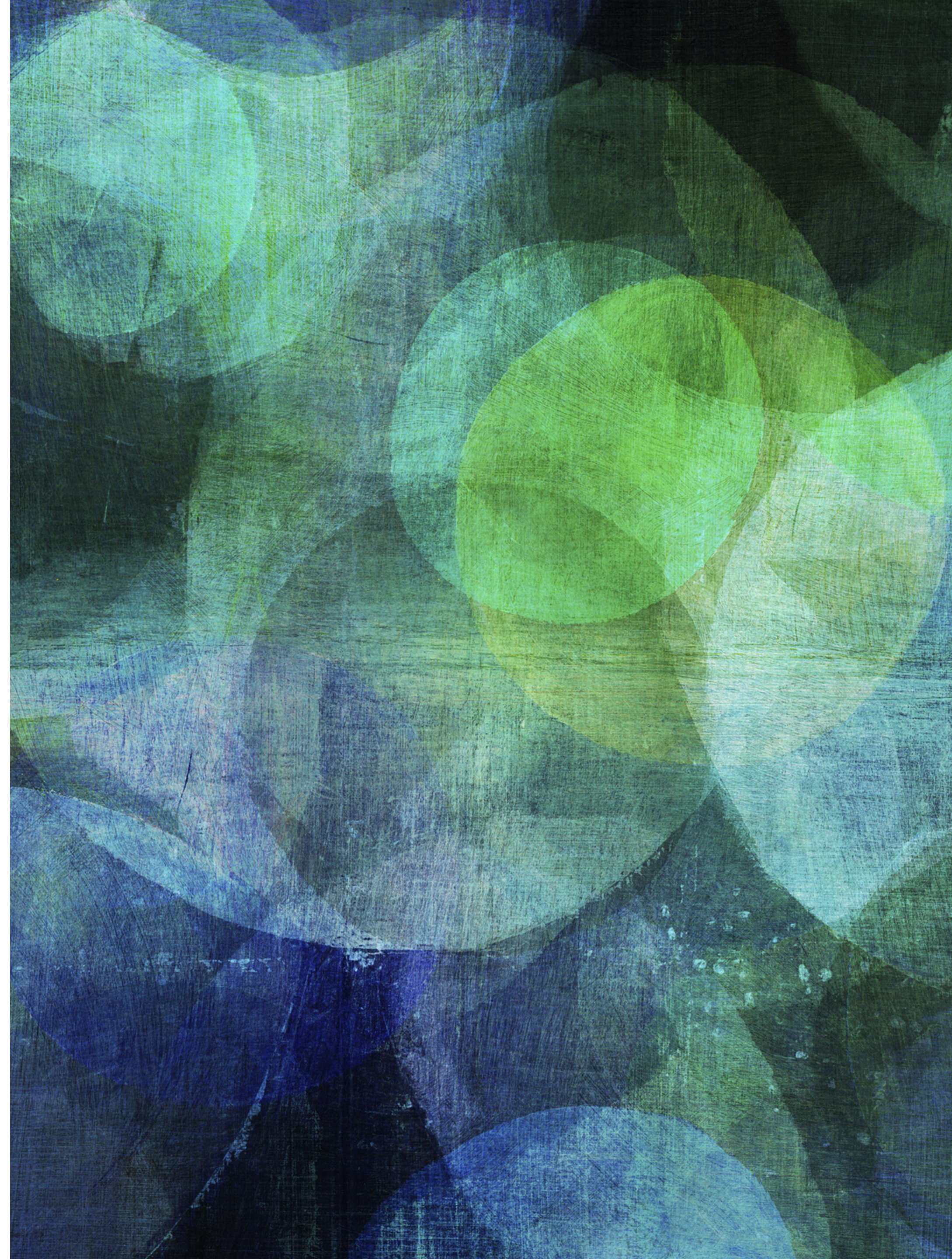
LEARN TIPS AND TRICKS TO SIMPLIFY THEM AND MAKE THEM MORE USER FRIENDLY

*...With a few practices and GOOD
SUPPORT this can be doable and sustainable.*



LET'S NORMALIZE AND PUBLICIZE!

*...it is overwhelming to parents because
they are unfamiliar.*





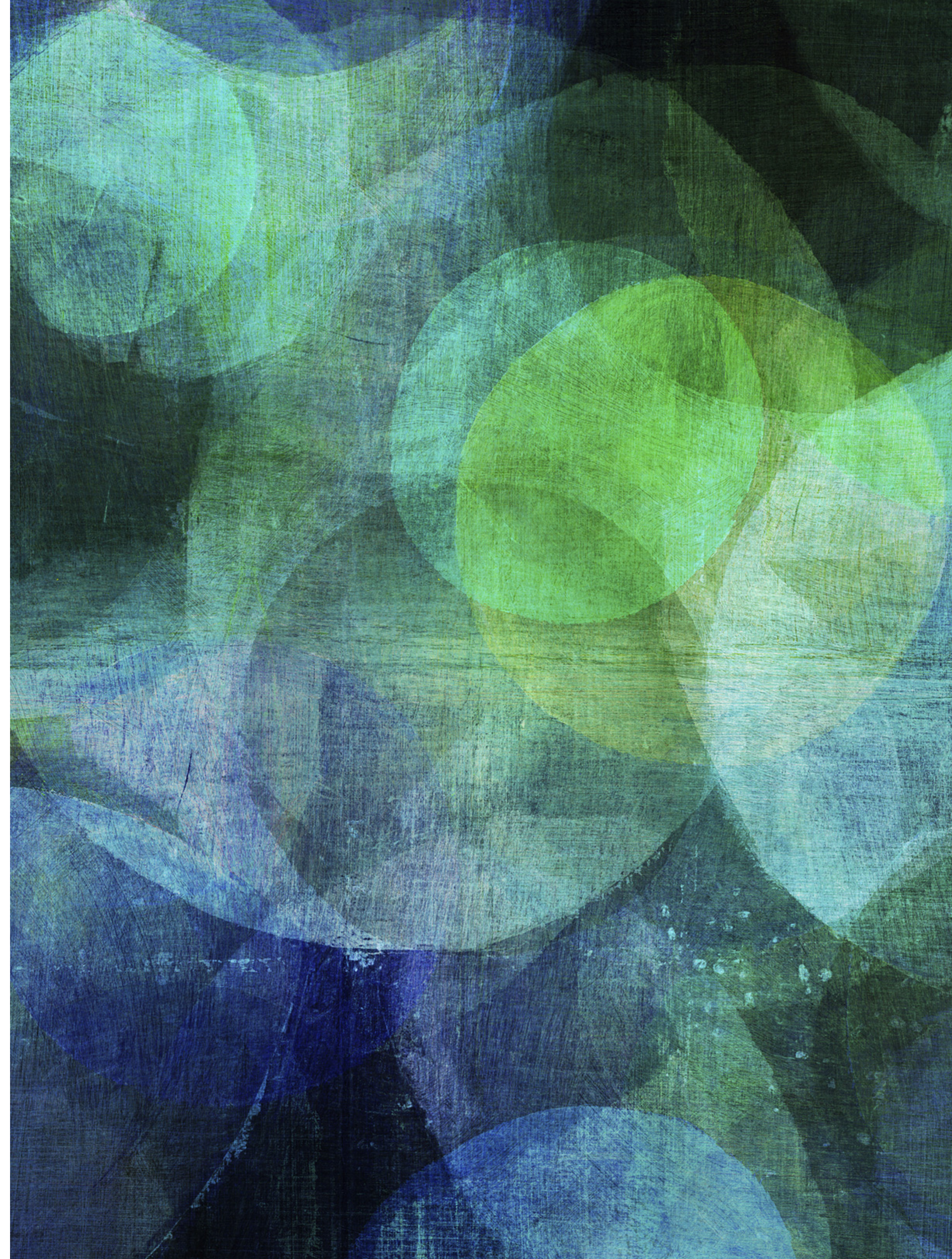
TROUBLESHOOTING BREASTFEEDING

Tips for Supporting Parents and Babies to Breastfeed



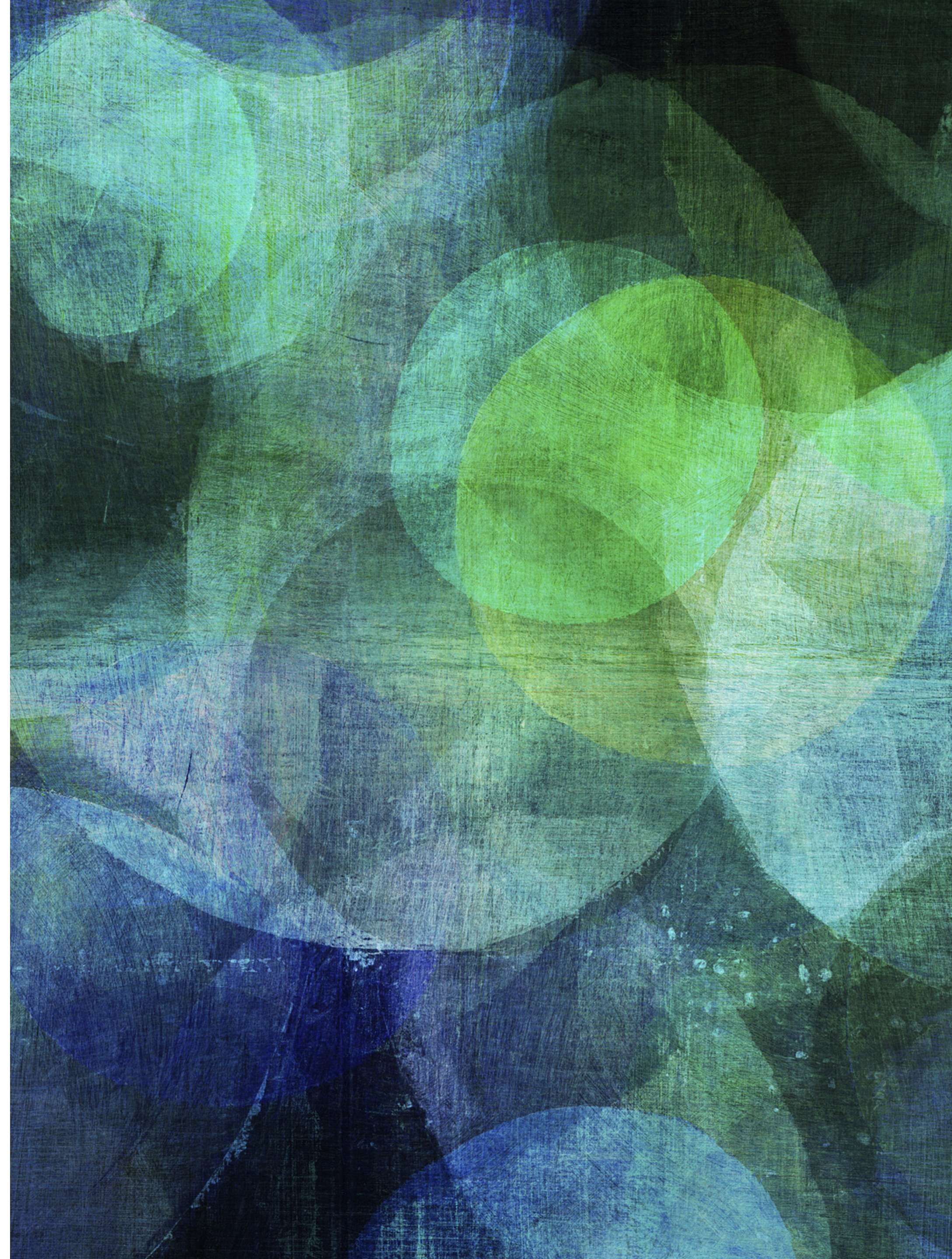
**WE SET THE TONE
FOR THEIR
PERSPECTIVE ON
BREASTFEEDING.**

Are we supporting or undermining?



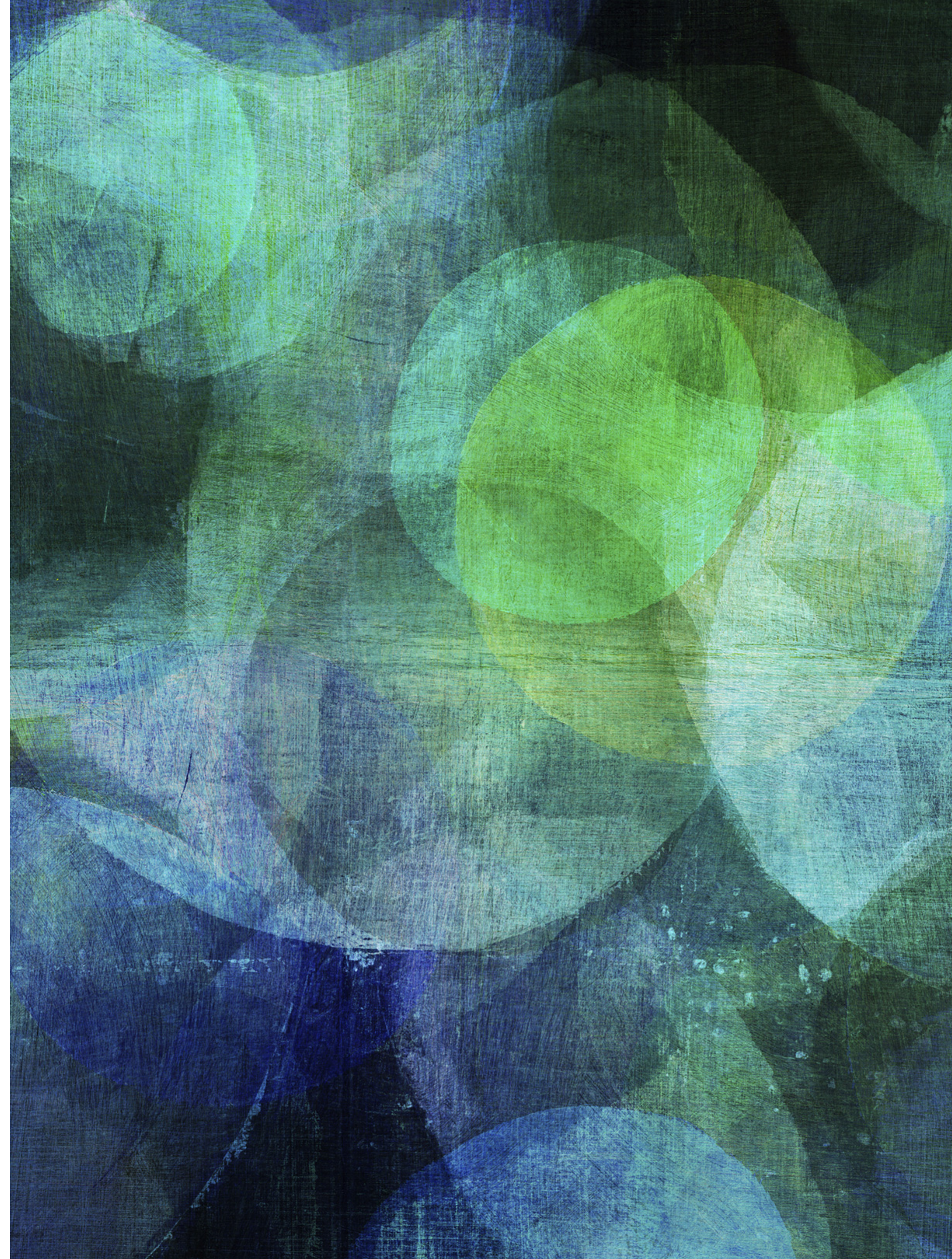
ASK YOUR PATIENT FOR THEIR LACTATION PLAN.

*Communicate clearly and effectively to
offer cohesive and continuous care.*



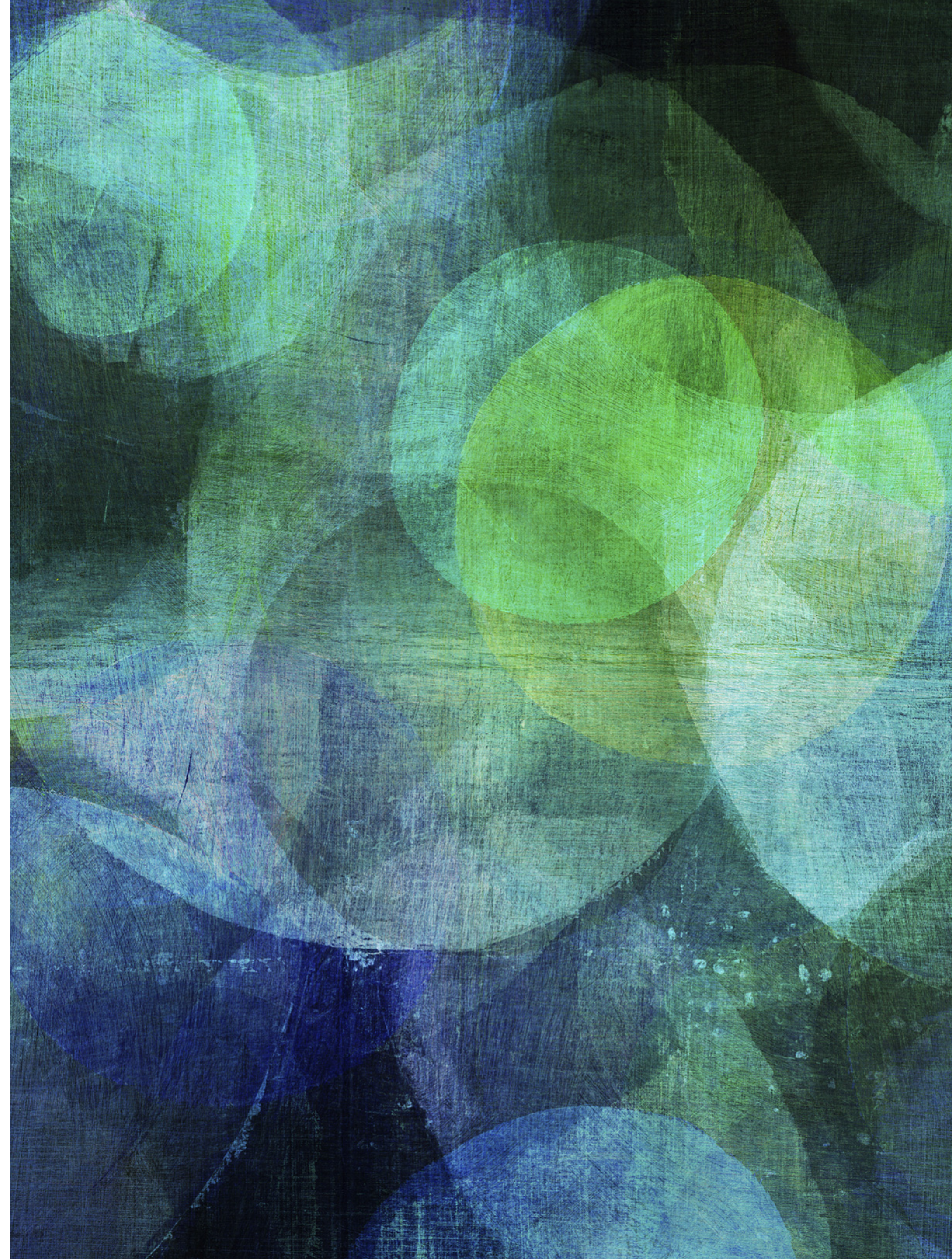
CONSIDER THEIR BIRTHING EXPERIENCE.

*Be patient. Consider how to gently save
the breastfeeding.*



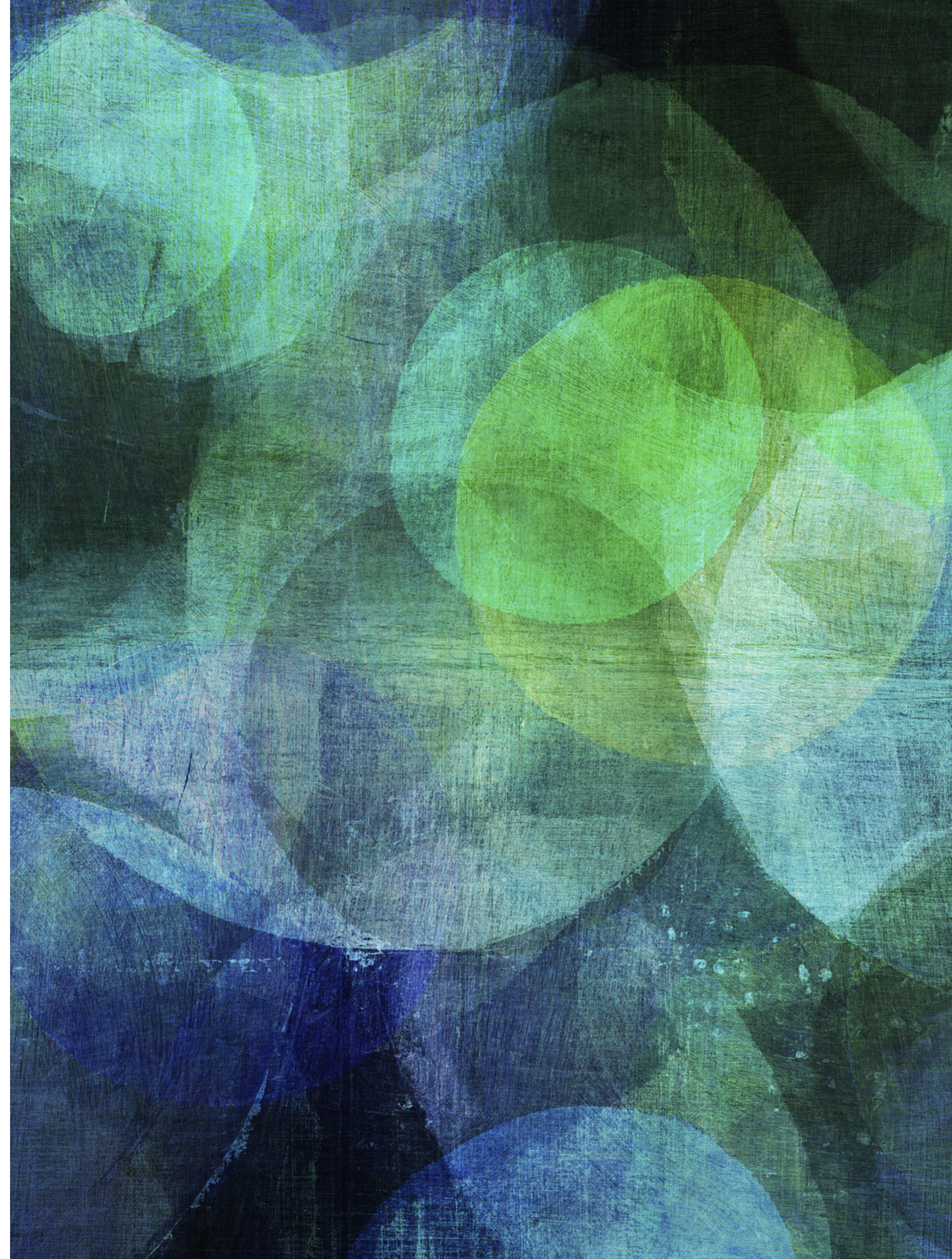
REMEMBER- NEW MOTHERS ARE IN THEIR PRIMAL BRAIN.

*Edit your suggestions to prevent info
overload.*



IT'S NOT OUR JOB TO CHANGE THEIR MIND.

Rather than pushing, we can set the stage for the possibility to try again in some days or weeks or months.





HOW DO PARTNERS AFFECT BREASTFEEDING?

Bonding beyond bottle-feeding.



**IN ONE STUDY, YOUNG MOTHERS CHOOSE
TO BREASTFEED MORE OFTEN WHEN THEY
HAD EARLY INITIATION OF SKIN TO SKIN.**

While young mothers who had more parental involvement were more likely to choose to bottle feed.

To partners... Does bottle-feeding equal bonding?

EDUCATE PARTNERS ON THE IMPORTANCE OF KEEPING BREASTFEEDING INTACT.

- Educate on the health benefits of breastmilk for babies and birthing parents*
- Connect with (free) donor milk sharing sites AND*
- Educate about safe milk sharing practices
(free handout: safe donor milk sharing)*

OTHER WAYS PARTNERS BOND

-Co-bathing

-Co-sleeping

(Educate on Safe Sleep 7 practices)

-Baby massage

-Baby Wearing

(Baby Wearing International)



BRIDGE TO HOME

Sending off for breastfeeding success.

LACTATION EVER AFTER IS POSSIBLE.

If they don't have a lactation plan, brainstorm a SIMPLE, actionable 2-3 step plan before discharge.

WHAT WILL INFANT FORMULA FEEDING COST A FAMILY IN ONE YEAR?

“So, if we do a straight multiplication ... we find that over the first year of life, average formula to feed an average baby costs \$1,733.75.”

Kelly mom estimates \$820- \$2,900.

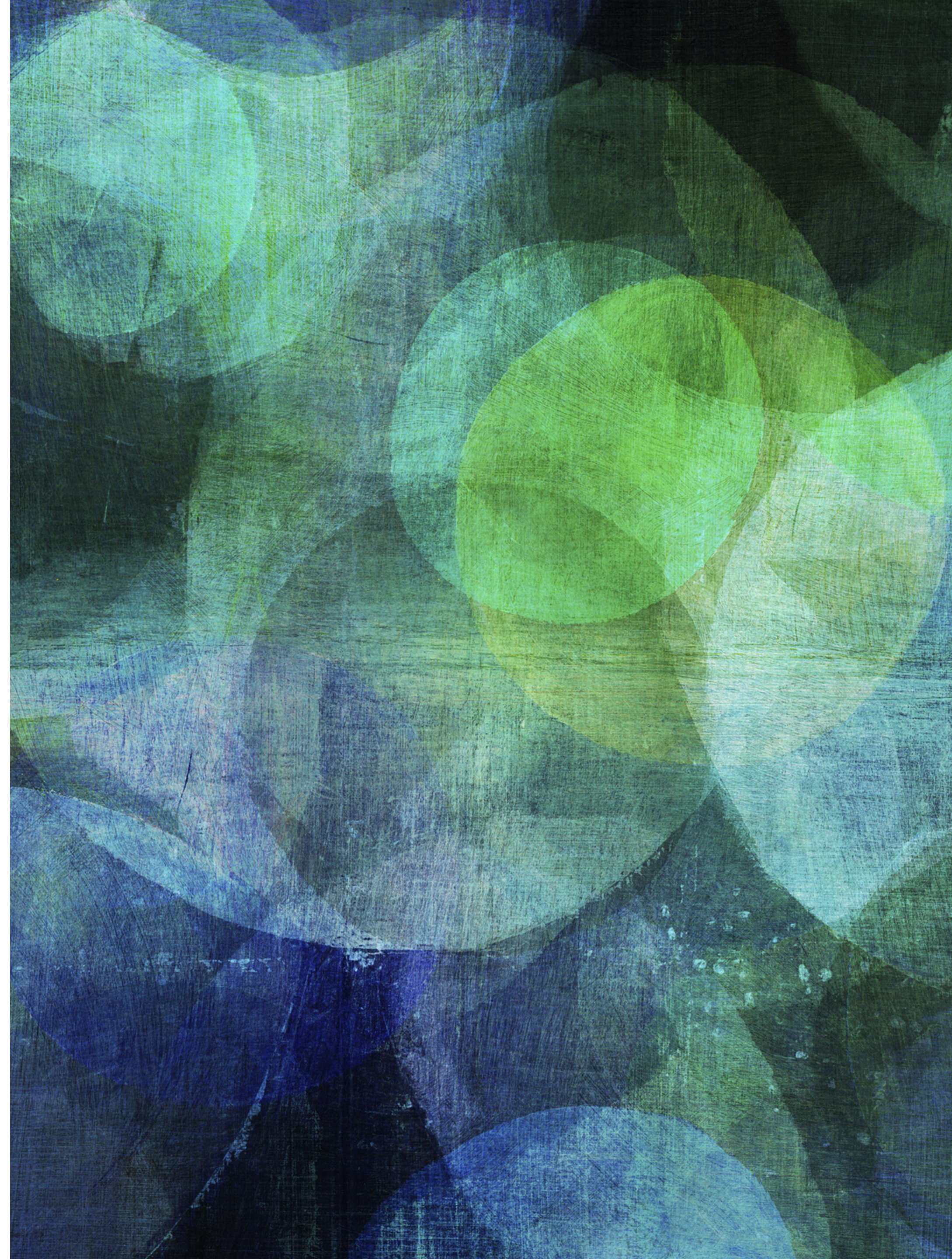
THESE NUMBERS DO NOT INCLUDE:

- health expenses incurred from less optimally healthy babies*
- increased health costs for life long risk factors*
- increased risks for postpartum depression in mothers and related mental health costs*
- Increased health risk factors for mothers and related costs*

**WHAT WILL (POSITIVELY AND LESS
“PAINFULLY”) ESTABLISHING BREASTFEEDING
COST A FAMILY IN THE FIRST 12 WEEKS?**

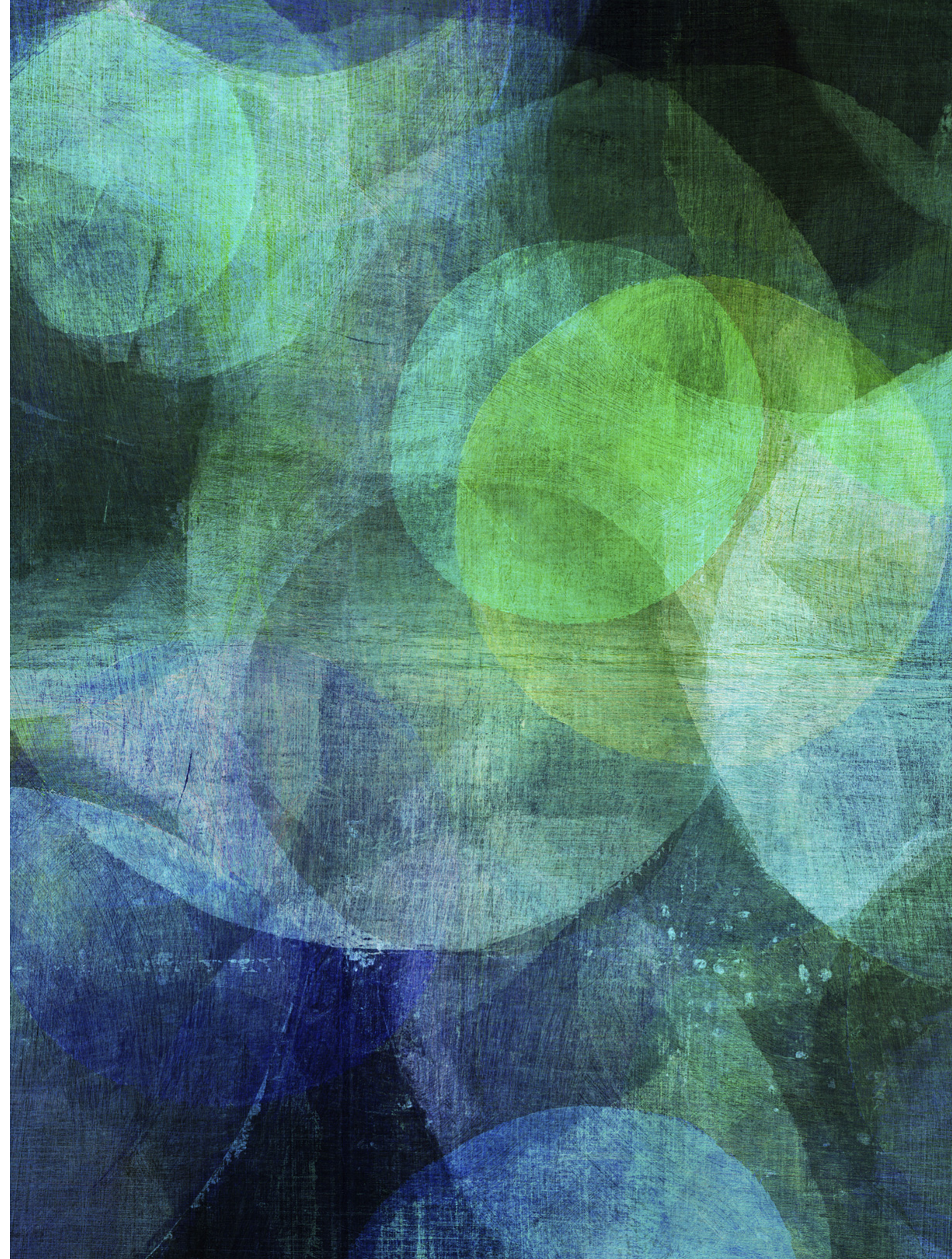
**POSTPARTUM DOULA SUPPORT
20 HOURS OF SUPPORT
POSTPARTUM, BASED ON
AVERAGE POSTPARTUM DOULA
COST IN METRO AREA FOR 4
WEEKS IMMEDIATELY
POSTPARTUM \$700**

Alternatively, equip families to set up similar support from family and friends that entails HELPING rather than just holding baby, AND/or SAVING for this occasion.



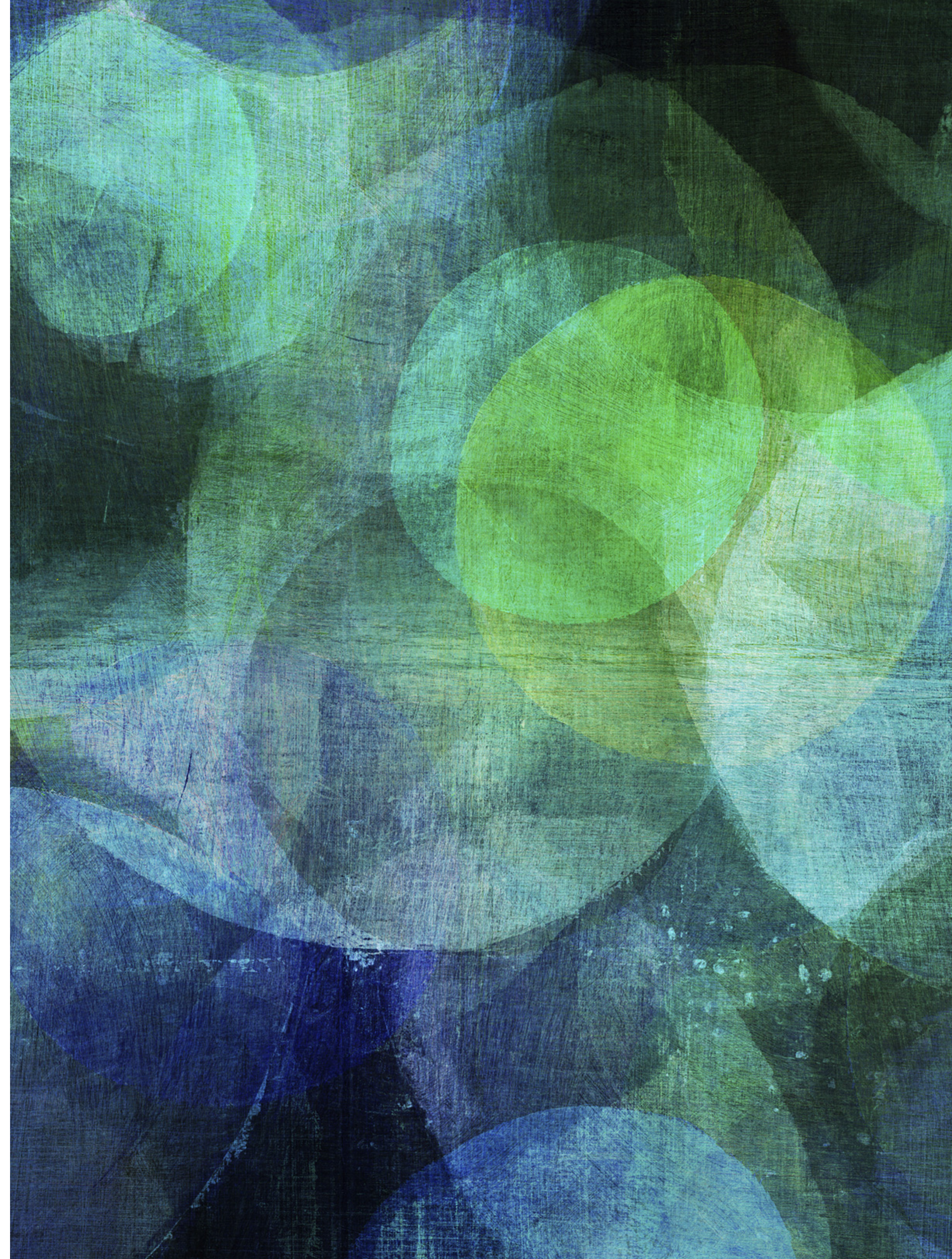
PUMP PAID OUT OF POCKET \$250

Alternatively, use insurance and connect mothers with a rental grade hospital pump until her supply is well established.



4 TWO-HOUR IN HOME IBCLC VISITS, PAID OUT OF POCKET \$400

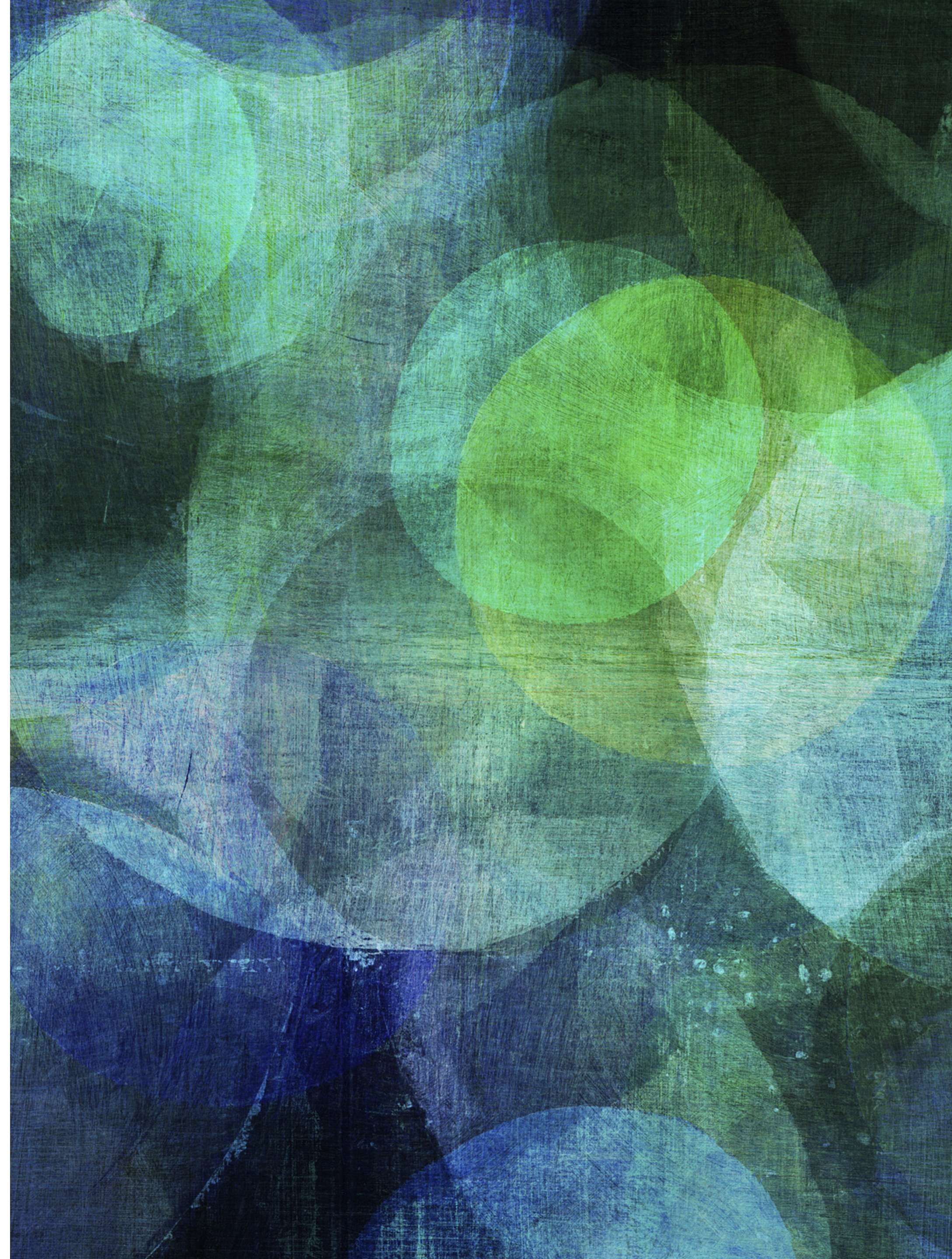
Alternatively, seeing an in-hospital lactation consultant (IBCLC) for more likely in-network insurance coverage.



AT-BREAST SUPPLEMENTER

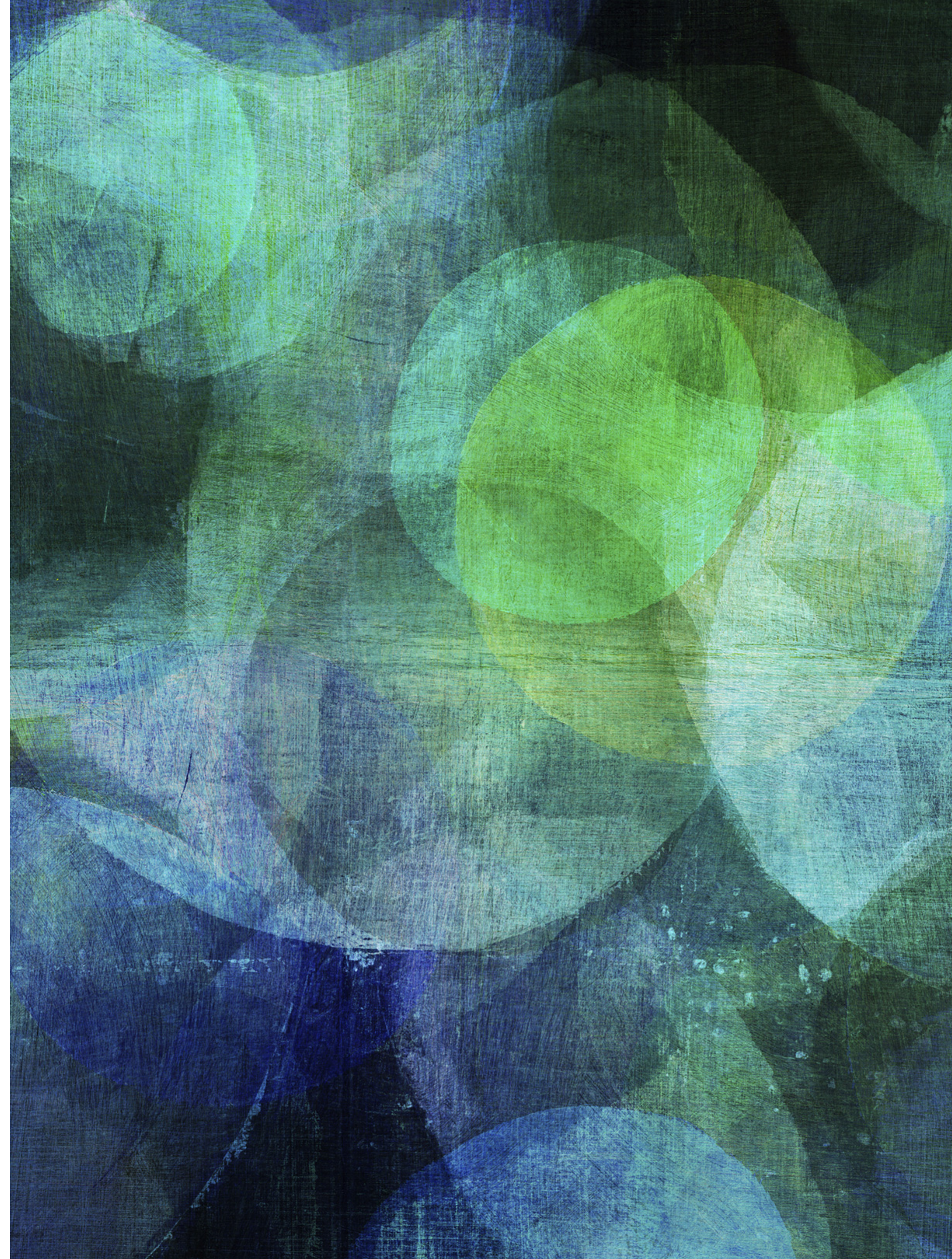
\$75

Alternatively, finding a second-hand at-breast supplementation device, or creating their own using a bottle and 5 mm french feeding tube (See our free printable directions)



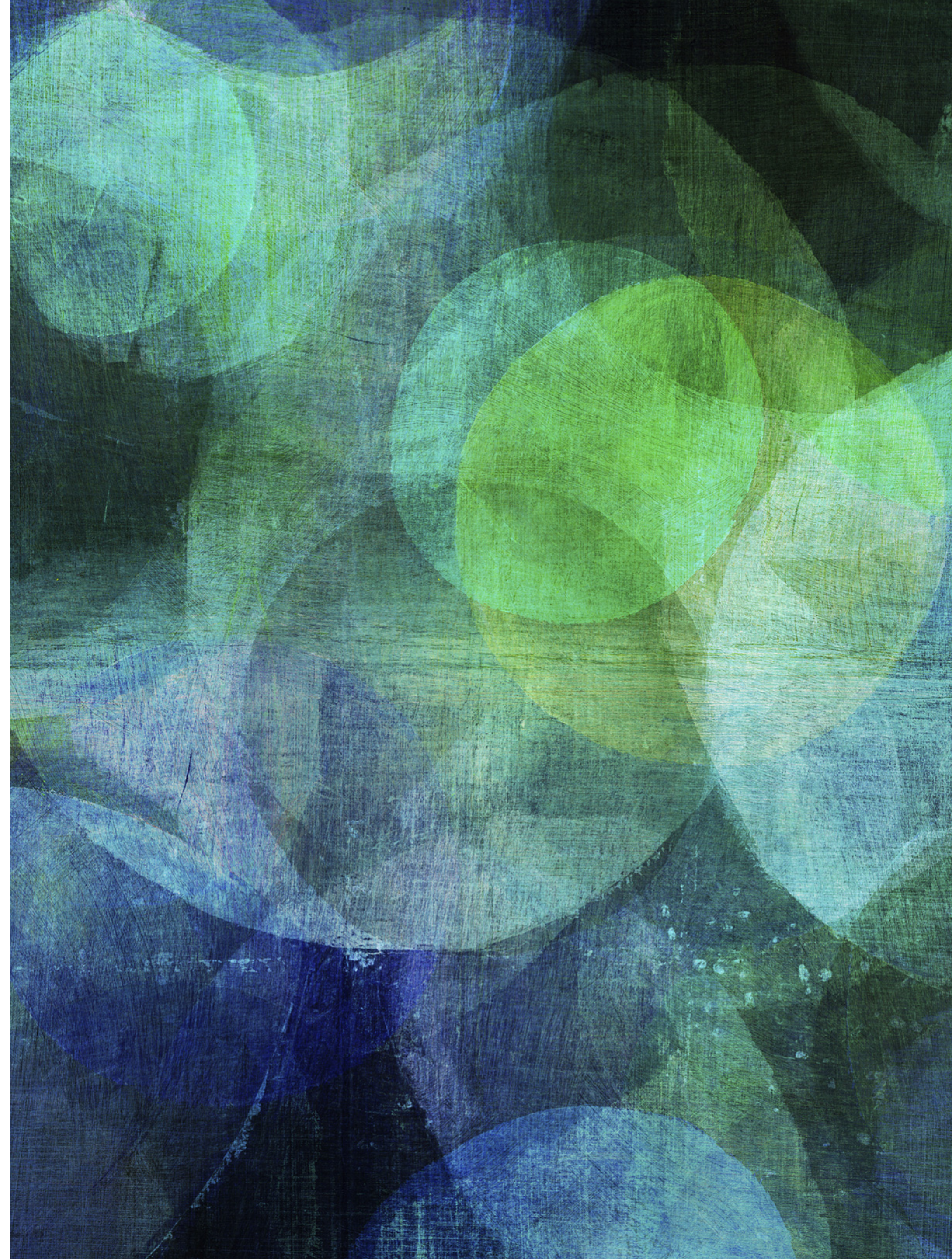
TOTAL COST:
\$1425

Minus possible life savings for reduced health risks in the first year, reduced health risks for mother and reduced life long health risks



IF YOU ALREADY FORGOT . . .

*\$1425 for more lactation and immediate postpartum support
vs. average \$1,733.75 for formula feeding for one year*



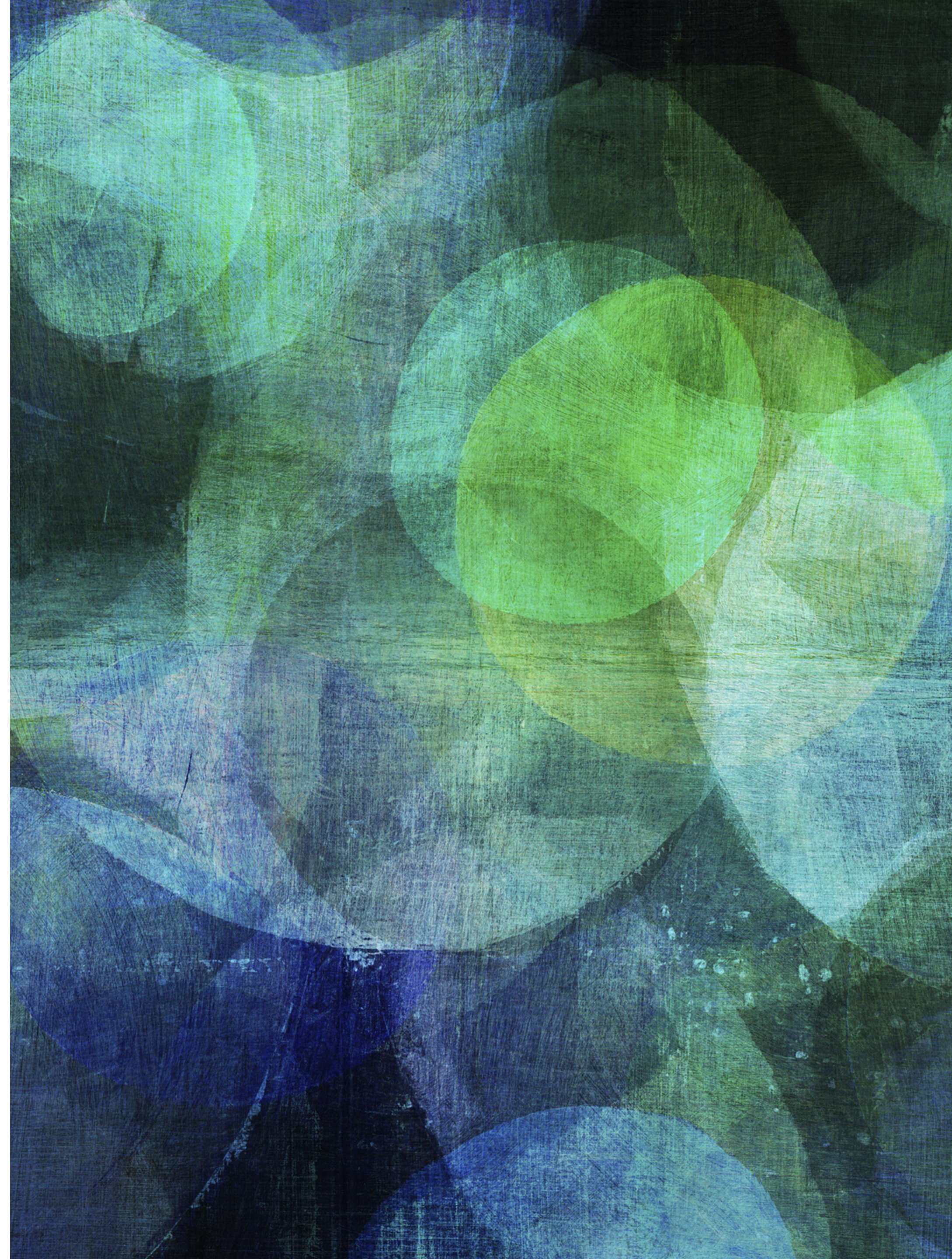
**EASIER BREASTFEEDING IS NOT FREE...
BUT WELL WORTH ANY INVESTMENT
IN COMPREHENSIVE ONGOING SUPPORT
THAT WILL PAY BACK MORE THAN IT'S
SHARE OF DIVIDENDS IN THE FUTURE.**

WHAT CAN WE DO TO ALLOW THIS FAMILY THE SOLE FOCUS OF:

*-nursing (feeding)
-eating
-sleeping*

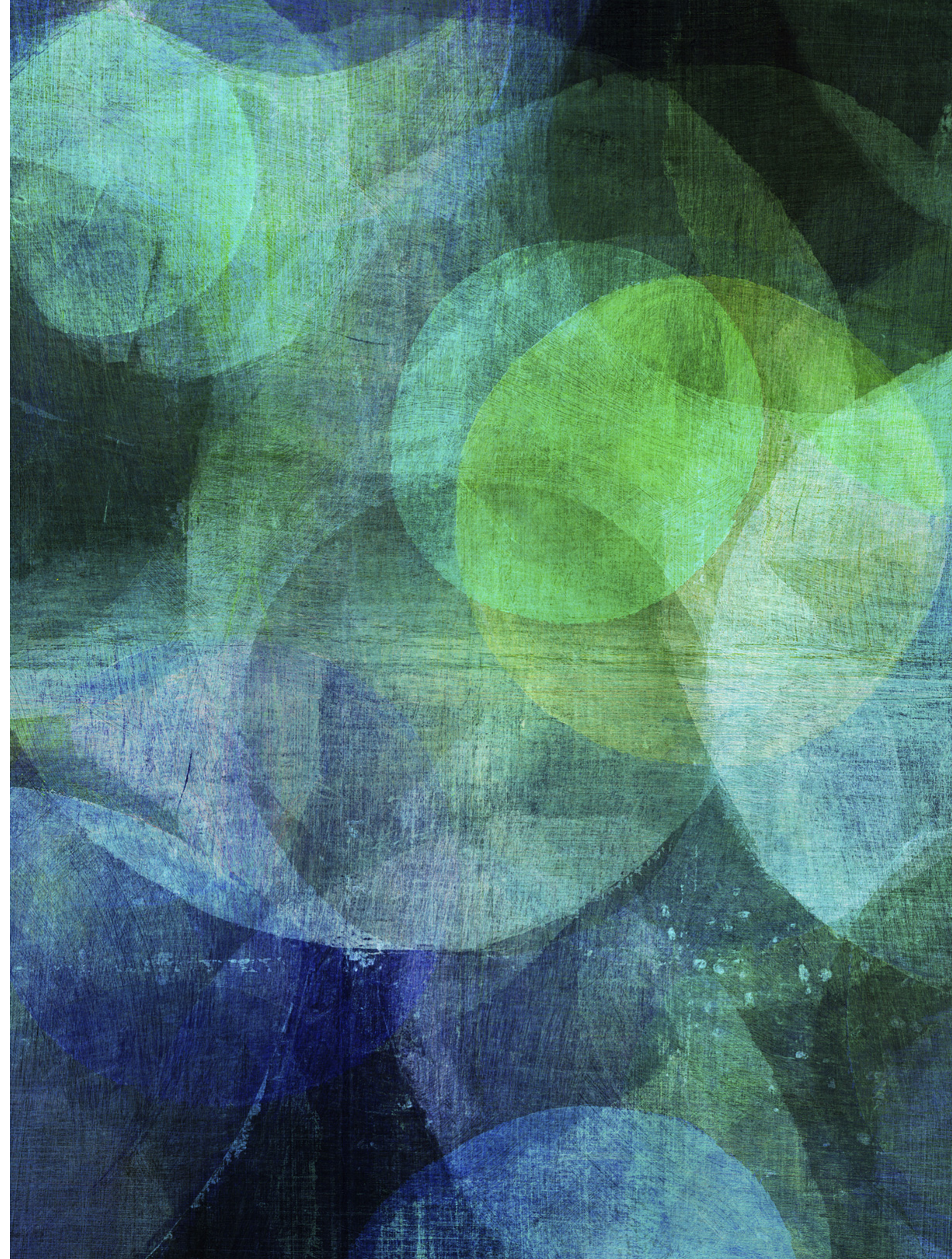
1. CALL A POSTPARTUM DOULA FOR IMMEDIATE IN HOME SUPPORT.

*Alternatively, connect with low-cost or
volunteer resources.*



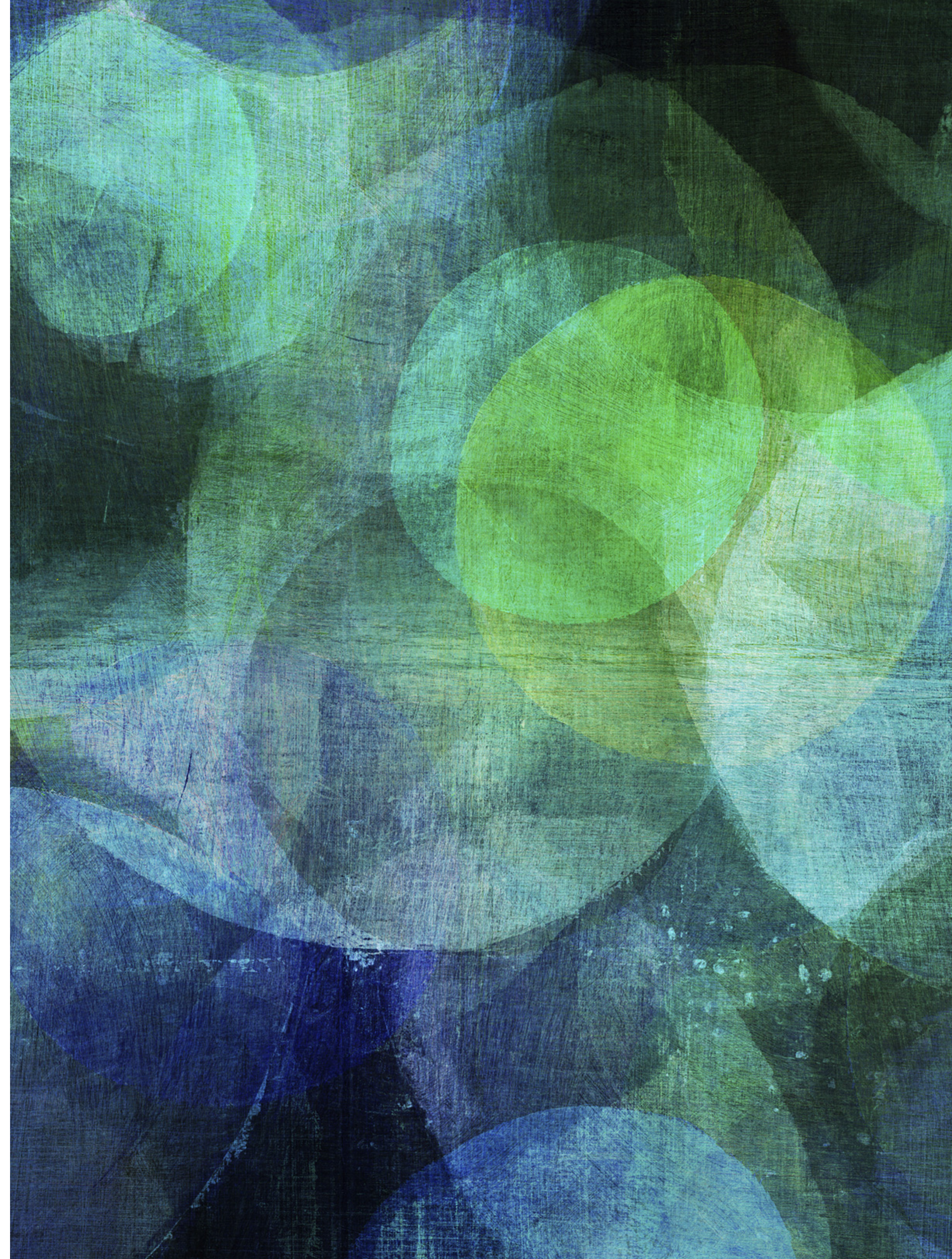
2. CALL IN-HOME IBCLC FOR A VISIT ASAP.

*Alternatively, set up an appointment
for an in-hospital visit.*



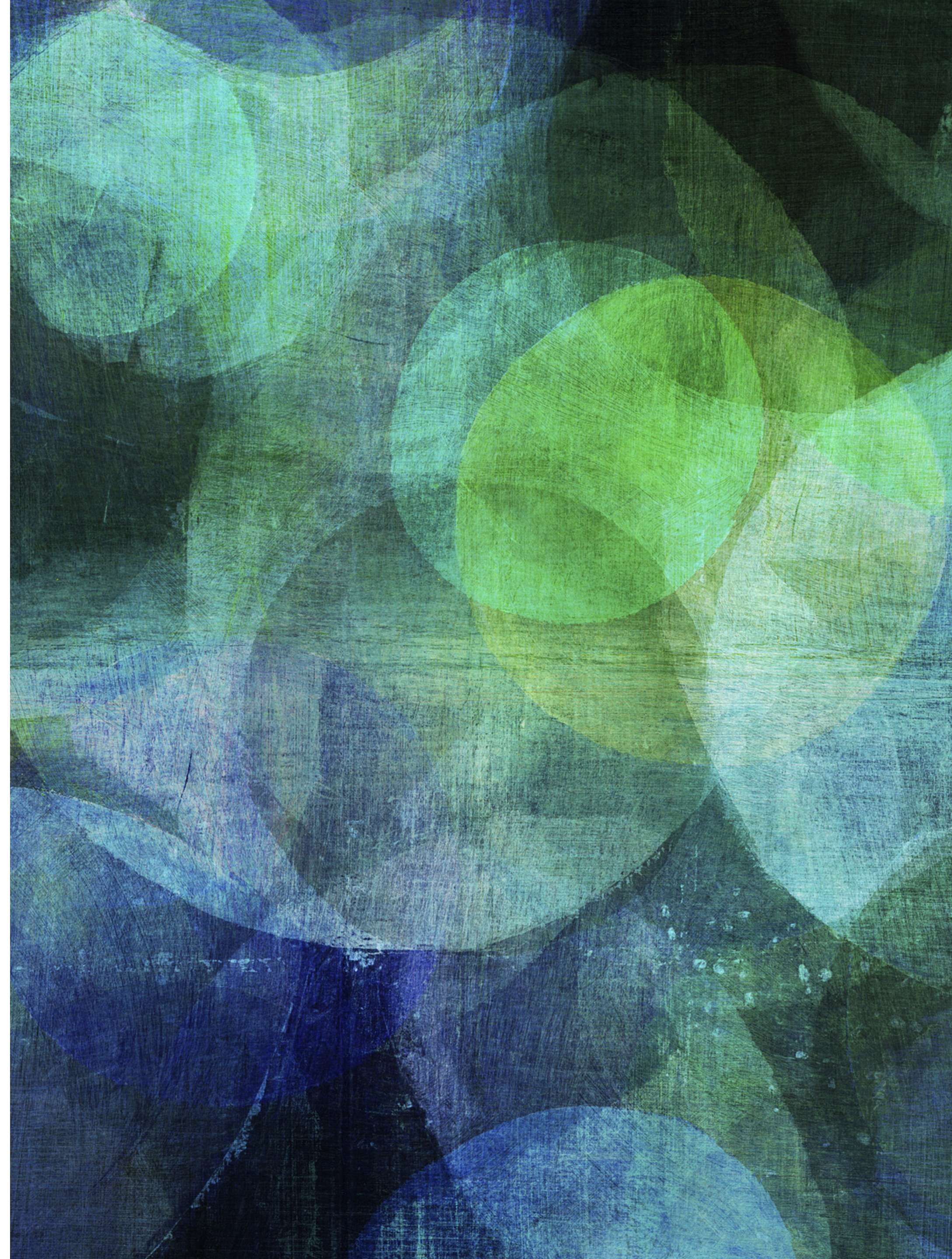
3. BIRTHING PARENT FOCUS ON (BRIDGING TO) BREASTFEEDING, SLEEP, AND RECOVERY.

Partner focus on baby bonding and recovery.



FOR ALL OF US: KEEP LEARNING AND GROWING!

*The more we know, the better we can
support breastfeeding!*





READY FOR MORE INFORMATION AND RESOURCES?

Check out [Breastfeeding Without Birthing](#) and the [Breastfeeding Outside the Box Podcast](#)