Healthy Baby and You
A pregnancy and breastfeeding resource guide for USC families
Lactation Support Initiative

Through Healthy Carolina’s Lactation Support Initiative, we aim to support new and expecting USC families navigate this exciting time in their lives. The goal of the initiative is to help mothers meet the American Academy of Pediatrics recommendations of breastfeeding for a total of 12 months by providing support and resources for nursing mothers returning to work or class.

We hope that you use this booklet to help make informed decisions about your pregnancy and infant feeding options, which can help insure that you and your baby are happy and healthy. At the end of the booklet, we provide a comprehensive list of resources at USC and in the community that you can access to learn more about the topics included in this booklet.

If you are planning to become pregnant, expecting or recently welcomed a baby into your family and are interested in participating in any of the services provided through the Lactation Support Initiative, please contact Healthy Carolina using the contact information below.

803.777.1650
HealthyC@mailbox.sc.edu
www.sc.edu/HealthyCarolina
#HCLactationSupport

@MyHlthyCarolina
facebook.com/HealthyCarolina

“As one of the most universal and natural facets of motherhood, the ability to breastfeed is a great gift. Breastfeeding helps mothers and babies bond, and it is vitally important to mothers’ and infants’ health.”

Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services

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Insurance Guidelines

Navigating insurance benefits and procedures concerning maternity and your new baby can be an overwhelming process. If you start early, you will save money and reduce confusion and stress. Below we have highlighted simple steps to take as a University of South Carolina parent covered by the insurance options available through USC. Resources and links for more detailed information can be found on the Public Employee Benefit Authority (PEBA) Insurance Benefits’ website at www.eip.sc.gov.

The costs associated with maternity care vary depending on coverage, condition and type of birth. Participants of the State Health Plan’s Standard and Savings plan have access to a Treatment Cost Estimator which may be accessed via Blue Cross Blue Shield of South Carolina’s website, located at www.southcarolinablues.com, under My Health Toolkit/Resources.

Maternity costs are shared between you and your insurance provider, depending on your plan. The general guidelines for the plans offered to USC benefits-eligible employees are covered are briefly outlined below.

State Health Plan (Standard and Savings Plan)

You or your covered spouse must participate in the Maternity Management Program, also known as “Coming Attractions,” administered through Medi-Call. There is a $200 penalty for failing to enroll within the first three months of pregnancy. There is an additional $200 penalty for each admission you fail to preauthorize, whether it is maternity related or not. A coinsurance penalty is also applicable, which makes any coinsurance you pay not included toward your coinsurance maximum. Again, you must enroll in the program by calling 699-3337 (Greater Columbia area) or 1-800-925-9724 (outside the Columbia area) within the first trimester (first three months) of your pregnancy.

You may also enroll online through the Personal Health Record’s maternity screening program at www.SouthCarolinaBlues.com and log into “My Health Toolkit.”

Participating in the Maternity Management Program or contacting Medi-Call about the birth of your baby does not add your baby to your health insurance. You must add the baby to your policy by completing an NOE (Notice of Election) and submitting a long-form birth certificate within 31 days of your baby’s birth. This does not add your baby to your health insurance. You must add the baby to your policy by completing an NOE form can be found at www.eip.sc.gov under “Active Subscribers” and then “Forms.”

Primary differences in the two plans:

- The Standard Plan has higher premiums, but lower deductibles.
- The Savings Plan has a higher deductible, and as a result you save money on premiums.

* You may have the opportunity to change plans, which typically happens in October of each year.

Blue Choice Health Plan (HMO)

You or your covered spouse are covered for hospital care, hospital-based birthing center care, and prenatal and postpartum care, including childbirth, miscarriage and complications related to pregnancy. Inpatient benefits are provided for the mother and newborn for 48 hours after normal delivery (not including the day of delivery) or 96 hours after Caesarean section (not including the day of surgery). Coverage for the newborn includes, but is not limited to, routine nursery care and/or routine well-baby care during this period of hospital confinement. Charges for home births are not covered. For maternity care, patient pays $45 co-payment for first visit, then 15 percent for subsequent visits. For hospital services, patient pays a $200 co-payment per admission, then 15 percent coinsurance. All services, except for emergency care, must be pre-authorized.

Insurance

AIG Student Health Insurance (Pearce and Pearce)

If a student would like to add a dependent child, it is considered a qualifying event. We will need the following within 31 days of the birth or adoption:

1. A copy of the birth certificate or declaration of birth
2. Provide a contact name and phone number.

If the qualifying event is approved, we can take a payment over the phone. You may email the copy of the birth certificate or a declaration of birth to qualifier@studentinsurance.com so that we may verify and review the information. Please remember that we must receive this information within 31 days after the adoption or birth of the dependent child.

Pregnancy related costs are subject to a deductible. After the deductible has been met, pregnancy is paid at the same as any other “sickness.” For network providers, after deductible charges will be covered at 80%. For out-of-network providers, after deductible charges are covered at 70% of the reasonable and customary (what standard, set charges are for medical procedures and services).

Some pregnancy related costs are covered at 100% including folic acid supplements and prenatal vitamins. Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, as well as costs for renting breastfeeding equipment are also covered at 100%.

Services Provided at USC Student Health Services

Student Health Services does not provide O.B. care. The facility can administer blood pregnancy tests and provide initial pregnancy consultations. After the original consultation, patients are referred to outside facilities for appropriate prenatal care with an obstetrician or family doctor.

Breastfeeding and the Patient Protection and Affordable Care Act of 2010

The Affordable Care Act made changes to how breastfeeding related costs are covered by insurance companies. Unfortunately, these changes do not affect any of the State Public Benefits Authority’s Insurance Benefits programs.

If you are insured through your spouse’s insurance plan or through the AIG Student Health Insurance plan, be sure to inquire about the types of breastfeeding supplies and support covered through your insurance.
Faculty and Staff Family Leave Policies

An expectant mother and/or father may be entitled to job-protected leave under the Family and Medical Leave Act (FMLA). Check with your Department Human Resource Contact or the USC Benefits Office to see if you are eligible for FMLA.

To be eligible for FMLA benefits, an employee must:

• Work for a covered employer
• Have worked for the employer for a total of 12 months
• Have worked at least 1,250 hours over the previous 12 months
• Work at a location in the United States or in any territory or possession of the United States where the same employer within a 75-mile radius employs at least 50 employees.

If eligible, apply for an FMLA through the USC Benefits Office. To apply for FMLA, an employee should complete the appropriate forms labeled under “Leave Forms” located at http://hr.sc.edu/forms.html. These forms require a doctor’s signature and should be submitted in advance of taking leave.

Please note: While an employee is on FMLA, the employer must continue to pay its portion of insurance premiums; should the employee go into leave without pay status while on FMLA, the employee must make arrangements with the Payroll Office to make his/her portion of the premium payment. Otherwise, the coverage will be canceled for nonpayment.

Faculty should consult with the appropriate Faculty Manual or the Provost Office to determine if there are any other requirements that need to be met in preparation for leave.

Planning and Approval

Students contemplating family leave must advise their academic unit of the intention to take family leave and begin the family leave planning process at least six (6) weeks before the leave start date. Once planning has been completed at the unit level, a written petition for family leave with required supporting documentation and signatures must be submitted as a single packet to the dean of the Graduate School for approval at least three (3) weeks before the start of the leave. The petition must contain evidence of consultation and planning with the student’s academic advisor(s) and a memo of support from the academic unit signed by the program’s graduate director, a leave timeline, and appropriate documentation. Appropriate documentation for a female student for childbirth includes written certification from the student’s health care provider confiriming the pregnancy and anticipated due date or the baby’s birth certificate and for a male student either certification confirming the anticipated due date or the baby’s birth certificate. For adoption of a child less than 6 years old, a written certification of adoption from a certifying individual or agency specifying the date of adoption and the age of the child is the appropriate documentation.

This planning process with the academic unit should also be used to determine if any additional length of time beyond the one year extension of academic responsibilities period will be needed for the student opting for family leave to complete degree requirements. While a one year extension of academic responsibilities will be granted to any student on approved family leave, academic units often have specific timelines for exams, fieldwork, course sequences, etc., which may necessitate extension beyond the one year period. Graduate students with such circumstances may petition the Graduate School for extension of leave time. Academic unit requirements or limitations are a valid justification to petition for the extension. Petitions for extension of time beyond the one year family leave should be supported by the student’s academic unit and will be reviewed by the Graduate School on an individual basis.

Note: Medical complications or other extenuating circumstances are not included in this policy. Such situations are more appropriately covered by the University’s current policies regarding course incompletes and withdrawal and/or leave of absence due to extenuating circumstances.

International Students

The family leave policy is also intended to allow an international student to be coded as a “special enrollment” student and not affect current visa status. However, immigration regulations might dictate a different definition of enrollment than that defined as “special enrollment” for this policy. The Office of International Student Services is the authority on campus for interpreting current enrollment regulations for international students, so international students contemplating family leave must consult the Office of International Student Services to address proactively any individual or unique visa issues and/or to consider how the latest applicable regulations would affect eligibility for family leave. International students applying for family leave must discuss the intended leave period with the Office of International Student Services at the beginning of the six (6) week planning period and must include a signed memo from the Office of International Student Services detailing immigration status and any consequences of taking family leave in the written petition packet submitted to the student’s program graduate director for signature and to the dean of the Graduate School for approval.

Once the family leave has been approved, a memo will be placed by the Graduate School in the student’s academic file indicating the leave dates and the extension date for academic responsibilities. It is the student’s responsibility to communicate with their academic unit while on leave. It is also the student’s responsibility to work with faculty and program administrators on arrangements for coarse completion, achievement of degree requirements, and for continuation of research and/or teaching activities before and following the period of the leave.

Graduate Student Family Leave (GS-FL) Policy

Summary

A graduate student who is the primary child-care provider is eligible to take a one major term of family leave from graduate study the major term during or following the event for the birth of a child or adoption of a child less than 6 years old. The graduate student taking family leave will receive a one year extension of all academic responsibilities, including time to degree, removal of incomplete grades, and course in-date time. During family leave the graduate student will be on special enrollment (Z-status) status and must have health coverage. The student may waive out of University-sponsored health insurance if covered by other insurance or may elect to continue enrollment in the University-sponsored student health insurance plan. The student is responsible for submitting required waivers and/or for contacting the student health insurance contractor directly to enroll in the health insurance program and for paying premiums by the deadline. Students should be aware that a graduate assistantship position or other financial support may not be available upon return from family leave.

Note: While this policy does not mandate that programs continue financial support during family leave and/or guarantee student support or resumption of an assistantship after returning from family leave, programs are strongly encouraged to do so whenever possible.

Planning and Approval

Students contemplating family leave must advise their academic unit of the intention to take family leave and begin the family leave planning process at least six (6) weeks before the leave start date. Once planning has been completed at the unit level, a written petition for family leave with required supporting documentation and signatures must be submitted as a single packet to the dean of the Graduate School for approval at least three (3) weeks before the start of the leave. The petition must contain evidence of consultation and planning with the student’s academic advisor(s) and a memo of support from the academic unit signed by the program’s graduate director, a leave timeline, and appropriate documentation. Appropriate documentation for a female student for childbirth includes written certification from the student’s health care provider confirming the pregnancy and anticipated due date or the baby’s birth certificate and for a male student either certification confirming the anticipated due date or the baby’s birth certificate. For adoption of a child less than 6 years old, a written certification of adoption from a certifying individual or agency specifying the date of adoption and the age of the child is the appropriate documentation.

This planning process with the academic unit should also be used to determine if any additional length of time beyond the one year extension of academic responsibilities period will be needed for the student opting for family leave to complete degree requirements. While a one year extension of academic responsibilities will be granted to any student on approved family leave, academic units often have specific timelines for exams, fieldwork, course sequences, etc., which may necessitate extension beyond the one year period. Graduate students with such circumstances may petition the Graduate School for extension of leave time. Academic unit requirements or limitations are a valid justification to petition for the extension. Petitions for extension of time beyond the one year family leave should be supported by the student’s academic unit and will be reviewed by the Graduate School on an individual basis.

Note: Medical complications or other extenuating circumstances are not included in this policy. Such situations are more appropriately covered by the University’s current policies regarding course incompletes and withdrawal and/or leave of absence due to extenuating circumstances.
USC Lactation Support Policy (HR 1.60)

The University of South Carolina has a Lactation Support Policy that supports mothers in their decision to express milk for their baby after returning to work. The policy mandates that mothers returning to work or school who wish to continue breastfeeding be given a comfortable, private room that is not a bathroom or locker room, can be locked from the inside and contains at minimum a chair, table and an electrical outlet where they can express milk.

The policy also mandates that breastfeeding mothers be given reasonable break times for breastfeeding or expressing milk. To do this, employees may request to readjust their schedule for the purposes of lactation. Supervisors and employees should work together to establish mutually convenient times for milk expression. Supervisors must work to ensure that there are no negative consequences to nursing mothers who need lactation breaks.

Both the provisions of adequate space and break time to express milk are allowed for up to one year after giving birth. It is the mother’s responsibility to contact her supervisor to request space and time to express milk.

Employees should contact their next level of supervisor or Human Resources if their unit does not allow for reasonable breaks or arrangements for adequate space for milk expression.

Expressing Milk When You Return to Work

Healthy Carolina is committed to building a campus that is supportive of working mothers who intend to breastfeed their infants. Healthy Carolina recognizes that breastfeeding is the healthiest choice for your baby and helps you recover from pregnancy and birth. Most supervisors recognize the importance of breastfeeding, however, your supervisor may not know what you need in order to continue breastfeeding. Simply explain your basic needs for privacy and flexible breaks to express milk. See Healthy Carolina’s website for the current list of Nursing Mothers’ Lounges which are located throughout campus. You can check out a key to one of these lounges and keep it for as long as you need.

Employee responsibilities for supporting breastfeeding programs:
• Communicate with your supervisor and coworkers.
• Maintain cleanliness of milk expression areas.
• Label, date, and discard milk appropriately.
• Responsibly use break time for milk expression.
• Express need for clean, private room to breastfeed that is not a bathroom.

Benefits of breastfeeding to communicate to your supervisor include:
• Employees are less likely to miss work to take care of a sick baby because the baby is healthier.
• Health care costs are lower, since both baby and mother are healthier.
• Employees who receive support for breastfeeding are happier and more productive.

Pregnancy Discrimination

It’s against the law to fire, dock pay, hold back benefits, or demote any woman because of pregnancy and under the Pregnancy Discrimination Act, all forms of pregnancy discrimination are illegal. The Family and Medical Leave Act also ensures employers must hold a worker’s job for up to twelve weeks if the worker has to take an approved FMLA leave of absence for medical reasons, including pregnancy and childbirth.

For resources about the Family Medical Leave Act or the Pregnancy Discrimination Act, see page 22.

Talking with Your Supervisor about Your Pregnancy

Many women find themselves juggling the inside “job” of growing a baby and the outside job of working for pay. Ultimately, it is up to you and your personal situation how you want to balance the two.

Timing: There are many factors to consider, and it is important to communicate with your supervisor regarding your thoughts and plans. The best time to tell is just after people begin to suspect you might be pregnant and before they are sure. Although you are excited about your news, most women recommend against revealing a pregnancy in the early months. Be careful not to wait too long to tell, either. You don’t want to give your employer any reason to think you are untrustworthy; any suggestion that you concealed your pregnancy for your own gain may make you look as though you are not a “team player.”

What do you want? Before setting up a meeting with your employer, interview yourself. If you truly know what you want, you are more likely to get it. Determine what you ideally want, what you can afford and what’s best for your pregnancy and your family. Can you grow a baby and do your job? Do you want to? Bear in mind that complications during your pregnancy or after delivery may make some of these decisions for you. Unless your doctor determines otherwise, could you work through most of your pregnancy? Would you prefer to start maternity leave early, continue your job on a part-time basis from home? After the baby is born, do you want to return to your present job, or one that is more compatible with family life? Do you want full-time work or part-time?

The conversation: With all negotiations, consider where the other person is coming from. Your supervisor will want to know when you are leaving, when you are coming back, and how best to fill in the gap while you’re gone. Be ready with those answers. Realistically, your supervisor is more concerned about the company’s operations than your personal needs.

Some topics to consider:
• Can you develop a flexible work schedule before and/or after the baby comes on a partial basis?
• Talk to your supervisor about things you are doing to prepare for your absence, whether that is preparing for someone to fill in while you are away, or taking care of responsibilities ahead of time.
• Familiarize yourself with maternity leave policies and your legal rights.

Adapted from askdrsears.com.

2012 South Carolina and U.S. Breastfeeding Rates

Breastfeeding rates across the nation are consistently rising every year and South Carolina is no exception to this trend! The CDC reports that breastfeeding rates for South Carolina and the Nation are as follows:

- **64%** of SC mothers have ever breastfed
- **27%** of SC mothers are exclusively breastfeeding at 3 months
- **35%** of SC mothers are breastfeeding at 6 months
- **16%** of SC mothers are breastfeeding at 12 months
- **77%** of US mothers have ever breastfed
- **36%** of US mothers are exclusively breastfeeding at 3 months
- **47%** of US mothers are breastfeeding at 6 months
- **26%** of US mothers are breastfeeding at 12 months
Nutrition for Expecting Moms

The types and quality of the foods you eat play a critical role in your baby’s growth and development. Below are recommendations from the USDA. Check out their website for individualized meal plans, recipes and more nutrition related information at: www.mypyramid.gov/mypyramidmoms/index.html

Empty Calories

Empty calories are the calories from added sugars and fats in foods like soft drinks, desserts, fried foods, cheese, whole milk and fatty meats that provide no nutritional value. Look for low-fat, fat-free, unsweetened or with no added-sugars foods to avoid eating empty calories.

Whole Grains

Buy whole grains in place of white breads for added fiber. Check the ingredient list on breads and cereals for the word “whole” before the name of the grain used to make the product. Fortified grains supply folate, a B vitamin that helps your baby grow properly. Try to eat at least 3 servings of whole grains per day while pregnant.

Fruits and Vegetables

Fruits and vegetables supply many important vitamins and minerals including fiber, folate & potassium, which are all important to the health of you and your baby. Choose a variety of brightly colored fruits and vegetables every day - fresh, frozen, canned or dried. Eat at least 2 to 3 servings of fruits and vegetables per day while pregnant.

Meat & Beans

You may need additional protein during pregnancy because protein works as building blocks and helps your baby grow. Protein is found in meat, poultry, fish, beans, peas, nuts and seeds. Try to include a variety of choices and eat at least 3 servings per day while pregnant.

Multi-Vitamin

While multi-vitamin supplements cannot replace a healthy diet, you may need a multivitamin and mineral supplement in addition to a healthy diet. Talk with your doctor about taking a supplement and follow his or her advice.

Foods to Avoid While Pregnant and Breastfeeding

The USDA recommends that pregnant and breastfeeding women avoid the following foods while pregnant due to the risks of contracting a food-borne illness:

- Unpasteurized milk or cheeses (feta, goat cheeses, brie, Camembert, blue cheeses and Mexican-style soft cheeses like queso blanco.)
- Lunch meat
- Hot Dogs
- Sprouts (Alfalfa sprouts)
- Types of fish that may contain high amounts of mercury (swordfish, shark, mackerel & albacore tuna)
- Raw or under cooked meats, eggs and seafood

Breastfeeding Nutrition

Breastfeeding should eat approximately an extra 300 calories per day and just like when you are pregnant, it’s quality, not quantity that matters most. Avoid empty calories and eat plenty of nutritious, nutrient-dense foods to meet your extra calorie requirements. Below are some tips for healthy eating while nursing:

- Drink plenty of fluids to stay hydrated. Drink when you are thirsty and drink more fluids if your urine is dark yellow. A common suggestion is to drink a glass of water or other beverage every time you breastfeed.
- Drinking a moderate amount (2 to 3 cups a day) of coffee or other caffeinated beverages does not cause a problem for most breastfeeding babies. Too much caffeine can cause the baby to be fussy.
- Breastfeeding can help you return to a healthy weight more quickly because of the energy required to produce milk! Your body will naturally start to shed weight as it begins to use calories for milk production. Avoid restrictive weight loss diets that may affect your body’s nutritional needs, leading to lowered energy and lowered immune function.
- Make sure to eat foods with calcium! You do not need to drink milk to make milk. To meet your daily calcium needs of 1,200mg, eat a variety of dairy foods including low-fat yogurt and cheese, as well as non-dairy foods including salmon, broccoli, sesame seeds, tofu and kale.

Low-Fat Dairy

Choose 3 to 4 servings per day of fat-free or low-fat milk & milk products. Dairy foods provide calcium for baby’s teeth and bones, as well vitamins A & D. When you do not eat enough Calcium each day, your body takes Calcium from your bones and shifts it to the baby, increasing your risk of osteoporosis in your later years.

Choline

Choline is a nutrient that helps the brain & memory development of your baby. Eggs are an excellent source & should be included in your diet at least 3 times per week.

Folic Acid

Folic acid plays a key role in reducing the risk of neural tube defects, including spina bifida. Experts recommend 500 to 600 micrograms daily for pregnant women. You can find this nutrient in green leafy vegetables and fruits such as spinach, oranges and strawberries.

Alcohol

Even moderate drinking during pregnancy can cause developmental problems for your baby. Pregnant women and women who may become pregnant should not drink alcohol.

Physical Activity During Pregnancy

Almost all women can and should be physically active during pregnancy. Talk to your health care provider first, especially if you have high blood pressure, diabetes, anemia, bleeding or other disorders, or if you are obese or underweight. Consult with our physician about what level of exercise is safe for you. According to the U.S. Weight-Control Information Network, the benefits of regular to moderate physical activity during pregnancy include:

- Helping you and your baby to gain proper amounts of weight.
- Reducing the discomforts of pregnancy, such as bloating, backaches, leg cramps, constipation, and swelling.
- Reducing your risk for gestational diabetes.
- Helping you to recover from delivery and return to a healthy weight faster.
- Helping you to maintain your energy levels and mood.
- Improving your mood and energy level.
- Improving your sleep.
- Helping you to have an easier, shorter labor.
- Helping you to recover from delivery and return to a healthy weight faster.

Tobacco Use During Pregnancy

Tobacco use during pregnancy causes many health problems for both you and your baby including:

- Babies who smoke are more likely to have low birth weight.
- Smoking causes higher risks of pre-term births and babies with low birth weight.
- Smoking during and after pregnancy increases your baby’s risk for SIDS (Sudden Infant Death Syndrome).
- Babies who are born to mothers who smoke are more likely to have certain birth defects including cleft lip, clubfoot, and some heart defects.

If you are pregnant and are currently using tobacco, free services are available to help you quit. See page 12 for info.

Postpartum

After you deliver your baby, physical activity can help you return to a healthy weight. Not losing any extra weight gained during pregnancy may lead to overweight or obesity later in life. Talk to your health care provider about what is a healthy weight for you and how you can start slowly incorporating physical activity into your routine after giving birth. Remember, breastfeeding can help you return to a healthy weight more quickly because of the energy required to produce milk!

The time after you deliver is stressful, exciting, emotional and tiring all at once. Taking the time to care for yourself can help you to process your feelings and reestablish healthy physical activity and eating habits. Even though it may be difficult, try to get an adequate amount of sleep, set aside time for yourself (even if it’s only for ten minutes) to take a hot shower or watch your favorite show and remember to take time to enjoy the miracles of pregnancy and birth.

Breastfeeding and Alcohol

According to the U.S. Office on Women’s Health, you can continue to breastfeed and have an occasional alcoholic beverage if you are cautious and follow these guidelines:

- Wait until your baby has a routine breastfeeding pattern, at least 3 months of age.
- Wait at least four hours after having a single alcoholic drink before breastfeeding.
- Or, express breast milk before having a drink and use it to feed your infant later.

Breastfeeding provides many benefits. Do not stop breastfeeding altogether just because you would like to have an occasional drink.
Choosing Your Care Provider

**Obstetricians**
Obstetricians are physicians who have completed a residency specializing in obstetrics and gynecology. They have the knowledge and skills to diagnose and treat serious complications of pregnancy and childbirth and are surgical specialists in the pathology of female reproductive organs.

**Family Practitioners**
Also known as general practitioners, family practitioners have completed a residency in family practice. They tend to intervene less than obstetricians. This provider can also see other members of the family and follow up with you and your baby after the baby is born. Pregnancy or labor complications may mean transferring to an obstetrician. Few family practitioners attend births at freestanding birth centers, and virtually none attend home births.

Adapted from *The Thinking Woman’s Guide to Better Birth* by Henci Goer.

Preparing for Childbirth

There are many options and decisions that laboring and birthing mothers have to make during the childbirth process. Here are some things to consider as you prepare throughout your pregnancy:

- Research, talk to others and find out what kind of birth environment you would feel most comfortable in for giving birth. Is it a hospital? Is it a birth center? At home?
- Who would you like to be part of your birth team, to support you during labor and birth? Your partner? Your mother? A sister? A doula? Other children?
- Look online for books and resources that explain in an unbiased, consumer-oriented way your choices and options for labor and childbirth. An example is the Guide to a Healthy Birth published by the non-profit Choices in Childbirth. www.choicesinchildbirth.org
- Access the Healthy Carolina Lending Library to check out one of our great books.
- Take a childbirth class to learn about the physiology of birth and ways to cope during labor. Classes range from your typical hospital-based childbirth class to Bradley method classes to Lamaze technique classes.

Benefits of Taking a Childbirth Class

A childbirth class can provide you with a great forum to ask lots of questions and can help you make informed decisions about key issues surrounding your baby’s birth. Some of the information you can learn from a birthing class includes:

- How your baby is developing
- Healthy developments in your pregnancy
- Warning signs that something is wrong
- How to make your pregnancy, labor, and delivery more comfortable
- Breathing and relaxation techniques

- How to write a birth plan
- How to tell when you are in labor
- Pain relief options during labor
- What to expect during labor and delivery
- The role of the coach or labor partner

What Types of Classes Are Available?

Many childbirth classes embrace a particular philosophy about pregnancy and birth. The two most common childbirth classes in the United States are the Lamaze technique and the Bradley method. The Lamaze technique is the most widely used method in the United States.

The Lamaze philosophy holds that birth is a normal, natural and healthy process and that woman should be empowered through education and support and should approach birth with confidence. The goal of Lamaze is to explore all the ways women can find strength and comfort during labor and birth. Classes focus on relaxation techniques, but they also encourage the mother to condition her response to pain through training and preparation (this is called psychoprophylaxis). This conditioning is meant to teach expectant mothers constructive responses to the pain and stress of labor (for example, controlled breathing patterns) as opposed to counterproductive responses (such as holding the breath or tensing up). Other techniques, such as distraction (a woman might be encouraged to focus on a special object from home or a photo, for example) or massage by a supportive coach, are also used to decrease her perception of pain.

Lamaze courses don’t advocate for or against the use of drugs and routine medical interventions during labor and delivery. Instead, they educate mothers about their options so they can make informed decisions when the time comes.

The Bradley method (also called “husband-coached birth”) places an emphasis on a natural approach to birth and on the active participation of the baby’s father as the birth coach. A major goal of this method is the avoidance of medications unless absolutely necessary. Other topics include the importance of good nutrition and exercise during pregnancy, relaxation techniques (such as deep breathing and concentration on body signals) as a method of coping with labor and the empowerment of parents to trust their instincts and become active, informed participants in the birth process. The course is traditionally offered in 12 sessions.

Although Bradley emphasizes a birth experience without pain medication, the classes do prepare parents for unexpected complications or situations, like emergency cesarean sections. After the birth, immediate breastfeeding and constant contact between parents and baby is stressed. Bradley is the method of choice for many women who give birth at home or in other non-hospital settings.

There are several other types of birthing classes available. Some include information from the two previously mentioned techniques, and some are offshoots that explore one particular area. Two options that might be available in your area are active birth classes that teach yoga techniques to prepare for labor and “hypnobirthing” courses, which use deep relaxation and self-hypnosis as relaxation techniques.

Most childbirth class series include a component on breastfeeding your baby; however, it may serve you well to take a class focused solely on breastfeeding.

Choosing a Class

The type of class that is right for you depends on your personality and values, as well as those of your labor partner. There is no one correct method. If you are the kind of person who likes to share and is eager to meet people, you might like a smaller, more intimate class designed for couples to swap stories and support each other. If you don’t like the idea of sharing in a small group, you might want a larger class, where the teacher does most of the talking. Before you sign up for a class, it’s a good idea to ask what the curriculum includes and what philosophy it is based upon. You can also request the course outline.

Adapted from KidsHealth.org, sponsored by the Nemours Foundation.
Choosing Child Care Checklist

Start early! Get on waiting lists as soon as you think you want to become pregnant. Once you become pregnant, let caregivers know your due date and the date you plan to return to work. When selecting the appropriate child care setting, parents need to consider issues such as availability, affordability and quality. The following checklist can help parents choose child care and guide parents as they observe child-care programs for quality.

Do both parents and children feel the program is a safe and comfortable place to be?

• Is there ample space?
• Are there caring providers?
• Is there support upon separation (e.g., when parents leave for work/school)?
• Is care consistent, or is there a lot of turnover?
• Do caregivers deal with parent and child feelings in a relaxed way?
• Is the environment reasonably clean?
• Are proper health practices followed (hand washing, separate & sanitary toileting and diapering areas)?
• Are there enough adults for the group’s size and age?

Are the children encouraged to feel good about themselves?

• Are activities suitable for the children’s ages?
• Is independence encouraged?
• Are children allowed choices throughout the day?
• Are positive guidance techniques used?
• Are reasonable limits set with consistent reinforcement?
• Do caregivers supervise play without being intrusive?

Are efforts made to ensure consistency between home and child care?

• Is there an effort for daily parent-provider exchange?
• Do staff members ease transitions and separation felt by the child as well as the parent?
• Are parents encouraged to visit?
• Do staff and parents discuss important issues such as guidance and discipline and toileting techniques?

If infants are present, are their needs being met?

• Are there enough caregivers to provide individual attention?
• Is scheduling flexible to meet individual needs?
• Do caregivers respond promptly to signs of distress?
• Are toys and play areas sanitized daily?

Are the children involved in meaningful activities?

• Do activities support children’s natural curiosity?
• Are children allowed to explore?
• Do caregivers attempt to build on language?
• Are questions posed to foster thinking and reasoning?
• Are problem solving and personal expression encouraged?
• Are there a variety of age-appropriate play materials available?
• Is a schedule of daily activities posted and followed?
• Is there a healthy mix of activities offered? For example, is there a balance between active and quiet activities, large and small group activities and adult-directed and child-directed activities?

Are the children involved in meaningful activities?

• Are rules for behavior fairly and consistently enforced?
• Do caregivers provide reasons for rules?
• Are children encouraged to find positive solutions to conflicts?
• Are there opportunities for children to have meaningful interactions with both children and adults?
• Are the indoor and outdoor environments safe for children?
• Are there regularly scheduled nutritious meals and snacks?
• Is physical activity encouraged during play time?
• Is meal time pleasant?
• Is there an adequate setting and equipment for rest time?

Are the children involved in meaningful activities?

• Are children’s projects displayed at their eye level?
• Are children’s physical development supported through appropriate health, nutrition, and safety practices?
• Are there regularly scheduled nutritious meals and snacks?

Is the environment child-centered?

• Are materials on shelves accessible to the children?
• Is there child-sized furniture and is the furniture in good condition?
• Are rooms tidy and organized in a way that makes sense to a child?
• Are children’s projects displayed at their eye level?
• Are children’s physical development supported through appropriate health, nutrition, and safety practices?
• Are proper health practices followed (hand washing, separate & sanitary toileting and diapering areas)?

Is the environment physically conducive?

• Are there enough adults for the group’s size and age?
• Is there child-sized furniture and is the furniture in good condition?
• Are materials on shelves accessible to the children?

Are the children involved in meaningful activities?

• Are there policies available for review?
• Are there parent-staff meetings?
• Are staff authorized to work?
• Is a current, valid license or registration information displayed?
• Can the facility meet any special needs your child may have?
• Does director have background and central registry results?
• Are the staff trained in child development, as well as safety, emergency and first aid procedures?
• Are there a variety of age-appropriate play materials available?

Does the environment encourage positive social behavior?

• Are there regularly scheduled nutritious meals and snacks?
• Is physical activity encouraged during play time?
• Is meal time pleasant?
• Is there an adequate setting and equipment for rest time?

Are the children involved in meaningful activities?

• Are children’s projects displayed at their eye level?
• Are children’s physical development supported through appropriate health, nutrition, and safety practices?

Breastfeeding and Child Care

Some child care providers are experienced in caring for breastfed infants, others are not. Be sure to ask each prospective provider about their experience providing care for breastfed babies. Staff might have questions concerning breastmilk storage, feeding times, how to feed a baby breastmilk, breastmilk labeling and more. It might be helpful to provide staff at the facility you have chosen with a one-page sheet with all the information staff will need concerning feeding your baby.

If you can, feed your baby when you arrive at your provider to drop your child off in the morning, even if you’ve just fed your baby at home. Also, let your provider know if you want to feed your baby when you pick him or her up in the afternoon so they will not feed your baby in the last couple hours before you’re expected to arrive. Breastfeeding your baby before you drop them off in the morning and when you pick them up will mean you have to pump less and will provide more milk for your baby straight from the source.

Picking a child care provider located close your work or home may make it easier to breastfeed right before work, right after work or during your lunch break. Talk to your employer about leaving to nurse your baby during your lunch break.

Adapted from Le Locke Laquis’s “Preparing Your Child Care Provider for Your Breastfed Baby” and from the USDA information packet entitled “Breastfed Babies Welcome Here.”

Child Care Facilities and Licensing

Child care licensing enforces laws and regulations established by the South Carolina Legislature to ensure that child care facilities provide the basic health and safety requirements for all children in their care. Parents can go on South Carolina’s Division of Child Care Services website to search the records of any childcare facility in the state. Parents can find the facility’s contact information, if the facility is an ABC Program provider, as well as facility reviews and complaint information. http://childcare.sc.gov/main/default.aspx

Some of the licensing requirements for child care centers in South Carolina include: having background checks and fingerprint reviews on all caregivers; having regular fire inspections, sanitation inspections, and child care licensing inspections; having staff certified in basic first aid and CPR; and having two unannounced visits per year by the South Carolina Division of Child Care Services or in response to a complaint.

The South Carolina Division of Child Care Services lists several items parents should look for when choosing a child care facility to ensure that the facility is safe and staff are well-trained:

• Are policies available for review?
• Are there parent-staff meetings?
• Are staff authorized to work?
• Is a current, valid license or registration information displayed?
• Can the facility meet any special needs your child may have?
• Does director have background and central registry results?
• Are the staff trained in child development, as well as safety, emergency and first aid procedures?
• Are appropriate discipline used with the children? Remember, physical punishment is not allowed without parent’s written permission.
• Is there enough staff and are they actively supervising the children?
Breastfeeding Matters

The American Academy of Pediatrics recommends breastfeeding your baby for twelve months, with the first six months exclusively breastfeeding your baby. After six months, you can gradually introduce iron-enriched solid foods to complement the breast milk diet. Breastfeeding your baby is the beginning of a special relationship between you and your baby. When you breastfeed, the skin-to-skin interaction helps you form a relationship with your baby that no one else can have. Breast milk is a special food that supplies perfect nutrition for your baby. Each time you breastfeed, you will also be helping your baby fight germs. Your breast milk is always available when your baby wants it, anytime, anywhere. You can be sure your baby that no one else can have. Breast milk is a special food that supplies perfect nutrition for your baby. Each time you breastfeed, you will also be helping your baby fight germs. Your breast milk is always available when your baby wants it, anytime, anywhere. You can be sure your breast milk is pure, clean, and safe and that it changes to meet the needs of your growing baby.

Benefits of Breastfeeding

For Infants
- Breastfeeding is the most complete form of nutrition for infants, providing just the right amount of nutrients for growth and development.
- Breast milk is easier to digest than formula.
- Breastfed infants gain less unnecessary weight, which may lead to a reduced risk of obesity adulthood.
- Premature babies react to breastfeeding better than formula feeding.
- Breastfed babies score higher on IQ tests.
- Breastfed babies are less likely to become ill.
- Breastfeeding protects against ear infections, diarrhea, rashes, allergies, pneumonia, botalism, bronchitis, influenza and other serious illnesses.
- Breastfed babies are hospitalized 10 times less in the first year of life than babies who are not breastfed.
- A mother’s milk contains her antibodies that fight whatever disease/infection may be present.
- Sucking at the breast helps the infant produce a strong jawbone and straight, healthy teeth.
- The risk of SIDS (Sudden Infant Death Syndrome) dramatically decreases – of every 87 cases of SIDS reported, only three are breastfed.
- Nursing promotes facial structure development, enhances vision and enhances speech.

For Mothers
- Breastfeeding burns calories making it easier to lose pregnancy weight.
- Breastfeeding helps a mother’s uterus go back to pre-pregnancy size quicker and lessens any bleeding that may occur after birth.
- Breastfeeding, especially exclusive breastfeeding, delays the onset of normal menstrual cycles and ovulation.
- Breastfeeding lowers a mother’s risk of breast cancer, ovarian cancer, hip fractures, osteoporosis and anemia.
- Breastfeeding can make your life easier! When breastfeeding, you have no formula to mix and no bottles to warm.
- Breastfeeding is inexpensive with the average family saving approximately $1,000 to $3,500 per year by breastfeeding instead of purchasing formula and formula feeding supplies.
- Breastfeeding provides immediate satisfaction for your baby when he or she is hungry.
- Breastfeeding allows mothers to relax and you can even take a short nap every day while breastfeeding your baby.
- Breastfeeding allows for the mother & child to bond and can make babies feel more secure.

When to Seek Help

Many mothers experience sore nipples, breast engorgement and overall soreness during the first few weeks of breastfeeding. Allow your body and your baby time to establish to a breastfeeding routine. While most issues resolve themselves over a few days and do not affect your ability to breastfeed, some women experience issues where a consultation with a lactation specialist may be best in order to insure issues are resolved quickly and do not interrupt your pumping and feeding schedule. Some of these issues include:

- When your baby is nursing only on one breast
- Mastitis (breast infection) when moms have soreness or a lump in the breast that can be accompanied by fever, flu-like symptoms, nausea or vomiting
- Painful cracked or bleeding nipples
- Inverted, flat or very large breasts that make it difficult for your baby to establish a proper latch
- Concerns with low milk supply
- Breastfeeding in special situations such as jaundice, reflux disease, cleft palate, premature birth, low birth weight, when breastfeeding multiples, or after breast surgery.

Breastfeeding in Public

Don’t feel intimidated to breastfeed in public! South Carolina law states that a woman may breastfeed in public in any location where the mother is allowed and that the act of breastfeeding is not considered indecent exposure (S.C. Code Ann. §63-5-40). Even though breastfeeding is allowed in public, some mothers still feel uncomfortable doing so. Remember, you are feeding your baby - not doing something inappropriate! Le Leche League gives some great tips for moms who are hesitant or uncomfortable with breastfeeding in public:

- Wear nursing clothes or loose fitting tops that can be lifted or unbuttoned at the waist that will let you feed your baby without exposing your breast.
- Wear a nursing bra that can easily be pulled up or unfastened with one hand.
- Purchase a sling for your baby that is worn over your shoulder and is adjustable. The fabric of the sling can be pulled up to cover your baby and your exposed skin.

For Dads - It’s Easier to Work as a Team!

- Provide food and drink to help keep up her milk supply. Many new mothers are so busy they don’t realize they’re not drinking enough to stay hydrated!
- Be her research partner and proactively read about breastfeeding in books and online. You can use the online resources on our website as a starting point.
- After several weeks, once breastfeeding is well-established, get involved in the feeding process by giving the baby a bottle of expressed breast milk.
- Whenever possible, bring the baby to mom for feedings - especially those in the middle of the night!
- Be a human shield to give your partner privacy while nursing in public.
- Encourage and reassure your partner in her choice of breastfeeding to help her feel more confident.

Tips for Does - It’s Easier to Work as a Team!

- Provide food and drink to help keep up her milk supply. Many new mothers are so busy they don’t realize they’re not drinking enough to stay hydrated!
- Be her research partner and proactively read about breastfeeding in books and online. You can use the online resources on our website as a starting point.
- After several weeks, once breastfeeding is well-established, get involved in the feeding process by giving the baby a bottle of expressed breast milk.
- Whenever possible, bring the baby to mom for feedings - especially those in the middle of the night!
- Be a human shield to give your partner privacy while nursing in public.
- Encourage and reassure your partner in her choice of breastfeeding to help her feel more confident.

Did You Know?

- Approximately 73% of all breastfeeding moms get outside help from a lactation expert at one point. Check out page 22 for more information on how to find a lactation specialist in your area.

Breastfeeding Definitions

Breastfeeding: The child receives breast milk directly from the breast or expressed.

Exclusive breastfeeding: The infant receives only breast milk directly from the mother or expressed, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

Predominant breastfeeding: The infant’s predominant source of nourishment is breast milk. However, the infant may also receive water, water-based drinks, fruit juice, and drops or syrups consisting of vitamins, mineral supplements or medicines.

Complementary feeding: The child receives both breast milk and solid or semi-solid food.

Complementary feeding:

- Supplements or medicines
- The infant’s birth weight, when breastfeeding multiples, or after breast surgery.

Concerns with low milk supply
- Breastfeeding in special situations such as jaundice, reflux disease, cleft palate, premature birth, low birth weight, when breastfeeding multiples, or after breast surgery.

Tips for Dads - It’s Easier to Work as a Team!

- Provide food and drink to help keep up her milk supply. Many new mothers are so busy they don’t realize they’re not drinking enough to stay hydrated!
- Be her research partner and proactively read about breastfeeding in books and online. You can use the online resources on our website as a starting point.
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- Be a human shield to give your partner privacy while nursing in public.
- Encourage and reassure your partner in her choice of breastfeeding to help her feel more confident.

Did You Know?

- If you leave the hospital before your baby, you can express milk for the hospital staff to give the baby by feeding tube.
- If you leave the hospital before your baby, you can express milk for the hospital staff to give the baby by feeding tube.
Breastfeeding Tips

**During Pregnancy**
- Pregnancy is the best time to prepare for breastfeeding and returning to work!
- Attend prenatal classes available at your hospital, workplace or private physician clinic. Through Healthy Carolina’s Lactation Support Initiative, USC mothers can attend a breastfeeding class with a board certified lactation consultant at little to no cost. See page 22 for more details.
- Attend La Leche League meetings to learn more about how to combine breastfeeding and employment.
- Talk with your supervisor to discuss your plans to breastfeed.
- Locate the Nursing Mothers’ Lounge that is closest to your office or classes. A map of the location of all Lounges at USC is available on our website.

**During The First Weeks After Delivery**
- Get a good start in the hospital by putting your baby to the breast within the first hour after birth and at least 8 to 12 times every 24 hours. This will help you establish a good milk supply for when you return to work. See page 22 for a worksheet to help you develop a plan for initiating breastfeeding in the hospital.
- Your milk is perfect for your baby’s needs, even though it may seem you are not making much the first days. Your baby’s stomach is very small at first (only the size of a large marble!) and only holds 1 to 2 teaspoons, so the baby does not need much! By days 2 to 5 your body will begin making larger volumes of milk.
- Ask the hospital for names of people you can call if you have questions about breastfeeding. See page 22 for a list of local resources.
- Watch for signs that your baby is getting plenty of milk. By day five, your baby should have around four to six wet diapers and three to four yellow, seedy stools every 24 hours. Most babies are hungry 10 to 15 minutes after the milk has already "let down" and flows easily. When you seem to have the most milk. Some women express milk during or after their baby nurses since the milk should be equal to the number of feedings your baby needs. As the baby gets older, the number of feeding times may decrease. When using one of the lounges, feel free to bring photos or baby items to help with let down, which will help you to finish pumping quicker.
- Expect engorgement. A new mother usually produces lots of milk, making the breasts temporarily big and sometimes painful. Feeding the baby often will help relieve the engorgement.

**During Maternity Leave**
- Take as many weeks off as you can. Ideally, you will be able to take off work at least six weeks to recover from childbirth and establish strong breastfeeding techniques. Twelve weeks is even better.
- Focus on your baby during this time and make time to rest 20-30 minutes every few hours. Housework can wait or be taken on by family and friends.
- Practice expressing your milk by hand or with a quality breast pump, and freeze 1-2 ounces at a time to save for your baby after you return to work. This also helps you build a greater milk supply. Pick times of the day when you seem to have the most milk. Some women express milk during or after their baby nurses since the milk has already “let down” and flows easily.
- Be patient with yourself! It takes time for both you and your baby to adjust to your new lives together. Follow your baby's cues for when and how long to breastfeed, and enjoy this special time together!
- Help your baby adjust to taking breast milk from a bottle shortly before you return to work.
- Talk with your family and your childcare provider about your progress, questions, and intent to continue breastfeeding, and let them know you are counting on their support and help.

**Transitioning Back to Work**
Returning to work gradually can help your body and your baby adjust to the change in schedule. Some tips on gradually starting back to work include:
- Work from home or combine working from home and at the office.
- Go back to work on a Thursday or Friday just before you have one to two days off. This gives you and your baby a shorter period to adjust to being away from each other before you go back full time.
- Start back part-time for a brief period before working full-time.
- Take Wednesdays (or another day that fits your schedule) off for a few weeks and breastfeed on your baby’s schedule to rebuild your milk supply.
- Consider using child care close to work so you can breastfeed your baby, if feasible, based on your work schedule.
- When you arrive to pick up your baby from child care, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities.

**Pumping at Work**
A high-quality electric breast pump may be your best strategy for efficiently expressing milk during the workday. Contact your local hospital, or public health department to find where to buy or rent a pump and call your insurance company to see what types of rental pumps they will cover.

Find out where the nearest Nursing Mothers’ Lounge is at USC by visiting Healthy Carolina’s website. Nursing Mothers’ Lounges have been established to provide private areas where you can comfortably and safely express milk after returning to work. When using one of the lounges, feel free to bring photos or baby items to help with let down, which will help you to finish pumping quicker.

Most moms express milk for 10 to 15 minutes approximately two to three times during a typical eight-hour work period. Remember, in the first months of life babies need to breastfed 8 to 12 times in 24 hours. So you need to express and store milk during those usual feeding times when you are away from your baby. This will maintain a sufficient amount of milk for your childcare provider to feed your baby. The number of times you need to express milk should be equal to the number of feedings your baby needs. As the baby gets older, the number of feeding times may decrease. When babies are around 6 months old and begin solid foods, they often need to feed less often.

**Storing Your Milk**
Because your milk is full of antibodies that fight germs and bacteria, it can be safely stored and given to the baby later. Breast milk is food, so it is safe to keep it in an employee refrigerator or a cooler with ice packs. Discuss with your supervisor the best place for you to store your milk. If you work in a medical department, do not store milk in the same refrigerators where medical specimens are kept. Be sure to label the milk container with your name and the date you expressed the milk.

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**Supplies for Pumping at Work**
- Cooler with ice packs if no refrigerator is available
- Breast pump
- Breastmilk storage bags or bottles
- Sanitizing wipes to clean breast pump
- Extra shirt in case of leakage
- Breastmilk storage bags or bottles
- Breast pump
- Cooler with ice packs if no refrigerator is available
- An extra shirt in case of leakage
- Reusable water bottle to stay hydrated
- A photo of your baby or a recording of their voice to help with milk let-down

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**Storing Your Milk**

<table>
<thead>
<tr>
<th>Storage Method</th>
<th>Temperature</th>
<th>Time Before Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room temperature</td>
<td>60-62°F</td>
<td>3-4 hours</td>
</tr>
<tr>
<td>Small cooler with ice-pack</td>
<td>30°C or colder</td>
<td>24 hours</td>
</tr>
<tr>
<td>Refrigerator 30°C or colder</td>
<td>0°F or colder</td>
<td>6 months</td>
</tr>
<tr>
<td>Freezer</td>
<td>0°F or colder</td>
<td>6 months</td>
</tr>
</tbody>
</table>

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**Did You Know?**
Breast size is not important when it comes to breastfeeding. No matter what size you are, you’ll make enough milk for your baby!
My Breastfeeding Goals
I plan to breastfeed my baby for ____ months.
I plan to go back to work or school in ____ weeks and continue to breastfeed my baby.

My Breastfeeding Plan in the Hospital
☐ I would like the baby to be placed skin-to-skin with me immediately after the birth.
☐ If I have a c-section, I would like to hold the baby skin-to-skin as soon as possible. If I am unable to hold my baby for some time, I would like my partner to hold my baby skin to skin.
☐ I want to initiate breastfeeding within the first hour. I would like to give the baby an opportunity to self-attach and I do not want the baby forced into the first feeding.
☐ I would like all newborn procedures delayed until after the first feeding and done with the baby lying on me or being held by me.
☐ I want my baby to stay in my room with me and I want to hold my baby skin-to-skin as much as possible during our stay.
☐ I would like help in establishing a comfortable and effective latch and learning different positions for nursing my baby. I would also like assistance in learning hand expression, how to recognize swallowing and what to expect in the days following discharge.
☐ If I encounter any breastfeeding problems, I would like help from an International Board Certified Lactation Consultant (IBCLC) or other staff trained who assist breastfeeding mothers.
☐ I do not want any water, glucose water, formula, bottles, or pacifiers given to my baby. If there is a medical need for supplements, I would like the opportunity to discuss it with my pediatrician and lactation consultant first.
☐ If I am separated from my baby for any reason and unable to establish breastfeeding, I would like assistance using a breast pump to establish my milk supply.
☐ I do not want to be given or shown any promotional material on formula, including diaper bags, crib cards, or the formula itself.
☐ I would like to receive information on sources of breastfeeding support in my community.
☐ I would like help from the hospital staff to manage my visitors so I have private time to breastfeed my baby.

Adapted from The Motherwear Breastfeeding Blog, May 2008.

My Breastfeeding and Working Plan
What is the maximum maternity leave I will be able to take?
___________________________________________________________________________
Who will care for my baby while I am at work?
___________________________________________________________________________
How will I gradually return to work?
___________________________________________________________________________
Where I can express my milk at work?
___________________________________________________________________________
Times when I can realistically express milk at work:
1. _________________________________________________________________________
2. _________________________________________________________________________
3. _________________________________________________________________________
4. _________________________________________________________________________
Type of breast pump I can use
___________________________________________________________________________
Where will I store milk while at work?
___________________________________________________________________________
Where will I store milk I bring home from work?
___________________________________________________________________________
My plans for breastfeeding my baby before/during/after work
___________________________________________________________________________
Things I will discuss with my supervisor:
___________________________________________________________________________
Who can help me with my questions and concerns?
1. __________________________________ Phone _________________________
2. __________________________________ Phone _________________________
3. __________________________________ Phone _________________________

Adapted from The Motherwear Breastfeeding Blog, May 2008.
Resources Available at USC

Campus Wellness has a wealth of resources available that can help new and expecting parents adjust to their new roles as parents. Services include one-on-one nutrition consultations with a registered dietitian, stress management programs, massage therapy, exercise consultations and other wellness services. Tobacco cessation resources are also available for USC community members. For more information, call 803-576-9393 or visit their website at www.sa.sc.edu/dos/cw

Campus Recreation maintains the Solomon Blatt Physical Education Center (PEC) and the Strom Thurmond Wellness and Fitness Center. All students enrolled full-time in and good standing are eligible to use these facilities. All permanent, full-time faculty and staff at USC are eligible to purchase a membership to these facilities. Check out their website for more information about hours, membership costs and class times. campusrec.sc.edu

The Employee Assistance Program (EAP) offers a wide variety of services and programs faculty and staff can take advantage of including counseling services and referrals services on issues involving interpersonal relationships, separation and divorce, single parents, depression, anxiety and more. Call 1-866-EAP-2400 or use the following login information online to access services:
User ID: USC
Password: USC
www.deerocks.com

The Counseling and Human Development Center at USC provides individual and group counseling for USC faculty, staff and students. To schedule an appointment call 803-777-5223. For immediate crisis intervention or emergency care you can call or visit the following:
www.sa.sc.edu/shc/reception

The Benefits Office in the Division of Human Resources can help you to find out more information about your insurance plan, leave policies at USC and more. http://hr.sc.edu/benefits.html 803-777-6650 benefits@mailbox.sc.edu

The Employee Relations Office in the Division of Human Resources can assist you in talking with your supervisor if communication difficulties arise concerning pregnancy leave or being allowed the space and time to express milk after returning to work. Additionally, this office administers the Employee Assistance Program. http://hr.sc.edu/hr/hr.html 803-777-7550 usen@mailbox.sc.edu

Pregnancy and Breastfeeding Policies

Family-Friendly Policies for Faculty: www.sc.edu/provost/FacultyFriendlyPolicies.pdf
Faculty and Staff Family Leave Policy: www.sc.edu/policies/hr106.pdf
Graduate Student Family Leave Policy
Grad Bulletin: bulletin.sc.edu/content.php?catoid=9&navoid=1880 Course_Enrollment_Load
Z-Status form for graduate student family leave: http://gradschool.sc.edu/forms/Zstatus.pdf
Family Medical Leave Act
USC Human Resources Division Fact sheet: http://hr.sc.edu/benefits/fmla.html
Pregnancy Discrimination Act: www.womenshealth.gov/pregnancy/you-are-pregnant/know-your-rights.html

Community Resources

To find lactation consultants in your community, visit the International Lactation Consultant Association’s website at www.ilca.org and click on “Find a Lactation Consultant.”
La Leche League International provides peer mentoring, local monthly meetings, telephone support to breastfeeding mothers and online resources including “Answer Pages” for common breastfeeding questions, podcasts, forums and more! 1-800-LALECHE www.lalecheleague.org
The March of Dimes is committed to helping mothers have healthy pregnancies and healthy babies. For new and expecting mothers, they have a wealth of online resources for prenatal and postpartum health and an online community for parents with children in a NICU.
National site: www.marchofdimes.com Local chapter: www.marchofdimes.com/southcarolina

National Resources

U.S. Office on Women’s Health has the most comprehensive collection of online information resources for new and expecting parents, as well as parents who are planning to become pregnant. Visit their “A-Z Health Topics” page to find information and fact pages on breastfeeding, preconception health, prenatal and postpartum care, adoptions, nutrition and more. Under the “Publications” tab you will find the guides listed below that are referenced throughout this booklet. www.womenshealth.gov 800-994-9662
Your Guide to Breastfeeding
“How to Know Your Baby is Getting Enough Milk”
“Folic Acid Fact Sheet”
“Prenatal Care Fact sheet”
“Pregnancy and Medicines Fact Sheet”
“Employee’s Guide to Breastfeeding and Working”
The Center for Disease Control and Prevention (CDC) has online resources, recommendations and info for breastfeeding and pregnancy care. www.cdc.gov 800-232-4636
Free Yourself from Smoking program at Palmetto Health provides motivational counseling, medical consultations, nicotine replacement therapy and group support meetings. 803-296-2273
Text4Baby is a free mobile information service designed to promote maternal and child health that provides health information via text messages that are timed with your due date. www.text4baby.org
The Daily Food Planner for Moms, a service of the USDA, shows the foods and amounts that are right for you at your stage of pregnancy or when breastfeeding. www.choosemyplate.gov
WorkandPump.com provides support, information and forums for working mothers who are expressing milk after returning to work.

Paternity and Breastfeeding Policies

Family-Friendly Policies for Faculty: www.sc.edu/provost/FacultyFriendlyPolicies.pdf
Faculty and Staff Family Leave Policy: www.sc.edu/policies/hr106.pdf
Graduate Student Family Leave Policy
Grad Bulletin: bulletin.sc.edu/content.php?catoid=9&navoid=1880 Course_Enrollment_Load
Z-Status form for graduate student family leave: http://gradschool.sc.edu/forms/Zstatus.pdf
Family Medical Leave Act
USC Human Resources Division Fact sheet: http://hr.sc.edu/benefits/fmla.html
Pregnancy Discrimination Act: www.womenshealth.gov/pregnancy/you-are-pregnant/know-your-rights.html

Hotlines for Parents

American Association of Poison Control Centers
Provides free 24-hour poison expertise and treatment advice by phone.
1-800-222-1222 aapcc.org

careline
A state-wide helpline providing info about health care for pregnant women, infants and children and links callers to resources in the community.
1-800-888-024

CDC INFO/Vaccines for Children
Callers can receive information on vaccines. 1-800-232-4636

Child Care Aware
Offers parents valuable information about child care and gives referrals to local agencies for individualized help.
1-800-432-2126

www.childcareaware.org

Child Seat Inspection Locator
Will locate a child safety seat inspection site where a certified agent will check the safety seat and show parents how to use it: 1-888-327-4236

National Breastfeeding Helpline
Trained breastfeeding peer counselors provide support by phone, can answer common breastfeeding questions and can help you determine if you need to see a doctor or lactation consultant.
1-800-994-9662

National Childcare Hotline
Provides information about child care licensing and facilities in your area.
1-800-424-2246

National Domestic Violence Hotline
Provides crisis intervention, information and referral to victims of domestic violence, perpetrators, friends and families.
1-800-799-7233

www.thehotline.org

Postpartum Support International
Counselor will help and refer callers to local resources specializing in postpartum support. 1-800-494-4773

www.postpartum.net

Resources

Lactation Support Initiative Resources and Services
Breastfeeding classes are available for all USC moms at little or no cost. The classes cover pertinent information for breastfeeding mothers who are returning to work or school and are conducted by a lactation consultant.

Learn at Lunch Seminars are held approximately three to four times per semester and cover a wide range of topics including pumping, prenatal and postnatal exercise, choosing child care and other great topics.

Nursing Mothers’ Lounges are available throughout campus and provide breastfeeding moms a secure and private space to express milk after returning to work. Visit our website to see a map of where lounges are located on campus to determine the one closest to your office or classes. To check out a lounge key, contact Healthy Carolina by email or phone or you can submit a key request on our website. You may keep the key and use the lounge for as long as needed.

A Lending Library of books on prenatal care, childbirth, breastfeeding and other relevant topics is available at Healthy Carolina’s office. You can find a list of books available on Healthy Carolina’s website as well as an online request form to check out a book.

To find out more information about the components of the Lactation Support Initiative, visit our website at www.sc.edu/healthycarolina, call our office at 803-777-1650 or email us at HealthyC@mailbox.sc.edu
Healthy Carolina

UNIVERSITY OF SOUTH CAROLINA

Healthy Carolina’s Vision
A healthy campus environment in which to live, learn, work and play

Healthy Carolina’s Mission
To create a campus environment that encourages and promotes the development and maintenance of a healthy body, mind and spirit through the collaborative development, promotion and assessment of a wide-ranging array of wellness programs and services for all students, faculty and staff at the University of South Carolina.

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