

New Lactation Rooms!

- **Vet Med 3B:** Located on ground floor lobby adjacent to restrooms.
- **West Village—opening soon!** Located in MU 2, building on east side of green quad. Room is to the right rear corner.

Upcoming Groups & Classes

- **Continuing to Breastfeed When you Return to Work/School**
June 6
- **Preparing for Breastfeeding**
July 11
- **Support Group Meetings:**
June 21, July 19

For details and registration click [here](#)

***UC Davis Student Parent
Child Care Aid***

To minimize confusion and simplify processes, administration of child care programs providing financial assistance to student parents for child care expenses will be consolidated to one access point under the campus WorkLife program. Look to our [website](#) for developing details.

- Child Care Subsidy program for eligible student parents will continue with improvements: On-campus care for children 0-5 years enrolled one of the four campus centers will remain as is. Off-campus care will expand to cover more providers as well as children 0-12 years.
- The current childcare reimbursement available to Academic Student Employees will be available to all graduate students. Endorsed by the Chancellor and Provost, the new Graduate Student Childcare Reimbursement Program will provide up to a \$600 a quarter reimbursement to all graduate students to help defray the childcare costs for dependents aged 0-12.

Featured Topic:

The Expression of Milk:

It's not a given that moms will need to pump to feed their newborn infant. The healthy, full-term baby that latches effectively and feeds frequently is stimulating their mother's milk production and transferring sufficient quantities of milk to provide for healthy growth and development. There are certain circumstances, however, (e.g., premature infants, separation of mother/infant, breast surgery, metabolic disorders, etc.) that may require extended additional stimulation and intervention to maintain or maximize an adequate milk supply. In these situations, mothers should consult a certified Lactation Consultant to discuss and devise a pumping and supplementation plan specific to their individual needs.

Some more common feeding challenges that can be assisted with additional milk expression are: difficulty initiating breastfeeding, low milk supply, and the return to work/school.

Difficulty initiating breastfeeding:

Most hospitals now support early exclusive breastfeeding for healthy, full-term infants. Studies have demonstrated that infants held skin-to-skin in an unhurried environment will find their own way to their mother's breast and initiate feeding within about one hour following birth.

Breastfeeding is essential to the continuation of lactation, infants should breastfeed exclusively (unless medically necessary) and frequently.

Practice breastfeeding at least every 2-3 hours, sooner if your infant initiates hunger cues.

Ideally, breastfeeding support should be provided within the first 6 hours following birth and should

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Summer Hiatus

There will be no support group meetings, classes, or individual lactation consultation on the main campus for August. Instead, please make use of one of the resources on our [website](#), "Local Lactation Services". Email us (address below) for general program questions and issues.



Breastfeeding Support News is a quarterly electronic newsletter published by UC Davis WorkLife and Wellness

Contact us at: worklife@ucdavis.edu

To remove your name for our mailing list [click here](#).

emphasize how to attach and position infants for effective feeding and the transfer of milk; and, how to recognize these behaviors. Ineffective attachment and positioning can result in reducing the amount of milk produced and transferred; difficulties transferring milk can result in a tired baby that cannot or will not feed. If an infant cannot or will not feed at the breast effectively, moms can stimulate and sustain their milk supply by prepping, and practicing expression of their milk. The ideal means of milk expression in the first few days is hand expression. Moms prep their breasts, prior to expressing, by gently massaging, compressing and stroking their breasts to stimulate the letdown reflex. The Stanford School of Medicine has developed a [short video](#) exhibiting how to hand express. Colostrum is present in minute quantities in the first few days following birth. Moms should not be discouraged by the amount of “milk” expressed. They should continue to practice breastfeeding and work with their Lactation Consultant to determine a Feeding Plan that addresses their current challenge and avoids the unnecessary use of infant formula.

Low milk supply:

Many women identify themselves as having “low milk supply”. Treatments applied to increasing their milk supply should include a comprehensive breastfeeding management plan devised with the help of a Lactation Consultant. The plan should target the underlying real or perceived causes of low milk production. Milk production is driven by the removal of milk. Ideally, moms should put their babies to breast more frequently so as to remove more milk. In some instances, babies are unable to remove milk sufficiently to stimulate and sustain an effective milk supply. In those instances, moms can make use of pumping to maximize their milk expression. When using the assistance of pumping for stimulation and maximum milk removal, one can:

- use hand massage and compression, prior to pumping;
- gently give breasts a “shake”;
- pump following a feeding to remove any “residual” milk; accompany with hand expression;
- power pump (frequent, short pumps);
- pump until the milk stops flowing and then pump approximately 2 minutes more;

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Q: What breast pump do you recommend?

A: The “right” breast pump will depend upon your individual circumstances which may change upon the birth of your baby. For this reason, I recommend doing your research regarding pumps during pregnancy, but wait until your baby is born to actually commit.

Premature birth, multiple births, separation of mother & infant at birth, maternal metabolic disorders, typically require the use of a hospital-grade breast pump for at least the first few days or weeks of life. These pumps can withstand multiple daily uses and can be rented from a variety of sources.

Mothers that will be returning to work or mothers that are challenged by low milk production will require the use of a double pumping, electric, breast pump. Under these circumstances, moms should establish an individualized pumping regime and schedule using the direction of a certified Lactation Consultant.

If you deliver a healthy, full-term baby, do not experience any breastfeeding challenges, and will not be returning to work but would like the flexibility of being away from your older baby for longer periods of time, then a manual pump accompanied by hand expression may be the perfect solution for you.

More details regarding how to choose the right pump can be found at the [Mayo Clinic site](#).

With the initiation of the new *Affordable Care Act*, health insurance companies are working through the interpretation of providing lactation devices for breastfeeding women. Families should contact their health insurance company directly to determine if their company will cover the purchase or rental of a pump. Your PCP can assist with the prescription of a pump.

A note of caution: The CDC does NOT recommend that families purchase a secondhand breast pump. With the exception of a hospital-grade breast pump, pumps are not intended for multiple use. Cross-contamination is a risk with single-user pumps, as is the motor wearing out. If your pump is not working at its best performance, your milk supply will be at risk.

- pump about one hour after baby has breastfed and mom has participated in some means of deep relaxation (a shower, relaxation techniques, etc).

Visit this reliable [website](#) that further addresses identifying and managing low milk.

Return to work/school:

Moms that have been breastfeeding exclusively may notice a slight drop in the amount of milk that they pump when they return to work/school. There may be several circumstances contributing to real or perceived lower milk supply; however, several practices will help to maintain production and maximize milk removal.

- Typically, pumping is not as stimulating to the breast as having baby breastfeed directly. If at all possible, see if your caretaker can bring your baby to you; or, go home during the day -- at least once, so that you can feed your baby directly.
- If you're unable to feed your baby directly during days that you're away from baby, you may find the practice of hand expression will produce sufficient quantities of milk and may never need to use a pump. Other moms find that it's most efficient to pump, exclusively, while still others find that a combination of hand expression and pumping maximizes their removal of milk.
- Regularly check your pump and pump parts. A worn out pump motor can result in reduced milk removal. Nipple size can change over the course of lactation resulting in the wrong flange size. This will also reduce the volume of milk removed.
- When you're away from your baby, remove milk from your breasts following a schedule that closely mimics your baby's typical feeding schedule -- if you're away from your baby for 8 hours and your baby typically nurses 2-3 times during those hours then you will want to express milk at least 2-3 times during those hours. If you're facing a challenge keeping up with the needs of your baby, try to incorporate an additional session of milk expression.
- When you're at home or with you baby, feed them directly at breast as often as possible (e.g., at night, just before you get into bed; as soon as you pick your baby up from childcare, etc).
- If you're back at work/school, you may be relatively limited to a 15-20 minute break for pumping. Maximize your time by using a multitude of letdown cues (e.g., view a picture of your baby, smell a blanket from your baby's bed, listen to a tape of your baby "babbling"). One study showed that moms using multiple senses pumped twice their normal milk output.
- Stress can result in a slow letdown. Aside from addressing the source of the stress, you can practice a few relaxation techniques to reduce any anxiety that you might be experiencing and to assist with maximizing your letdown. Try taking a few deep breathes, have a cup of (decaf) tea, use visualization techniques similar to those you used during labor; visualize and "feel" the letdown. Practicing several together, and keeping them consistent, is believed to strengthen the letdown response.
- Check on drugs and medications that may be interfering with your milk production:
 - ~Reduce/eliminate the use of caffeine and alcohol; and avoid smoking altogether. These have been shown to interfere with letdown, and will also transfer into your milk.
 - ~Consider changing your birth control method (avoid hormonal types, especially those that contain estrogen). For *most* mothers, progestin-only forms of contraception do not cause problems with milk supply **if** started after the 6th-8th week postpartum. Use as low a dose as possible and consider discontinuing using it altogether if your supply is decreasing.