

## Welcome to our Rooms!

With 35 lactation rooms on campus and 9 rooms at the Health System, it is challenging for us to visit the rooms as much as we would like. Rooms are not routinely cleaned by janitorial services so we depend on *you* to help keep them tidy. Here are some tips of ways you can help us help you...

- After each usage, please wipe down the pump and any spills with the provided wipes/paper towels.
- If we are out of wipes, logs, or if there is an issue with the pump, please pop us a note at [worklife@ucdavis.edu](mailto:worklife@ucdavis.edu).
- Encourage custodial staff in your building to do *at least* minimal cleaning of the rooms (empty trash and sweep floors...which is *technically* required).

## Upcoming Groups & Classes

- **Continuing to Breastfeed When you Return to Work/School**  
**March 14**
- **Preparing for Breastfeeding**  
**April 11**
- **Support Group Meetings:**  
**Mar 15, April 19**

For details and registration click [here](#)

## Meet our Staff

Many of you have had the opportunity to meet Shirley German, our lactation consultant but we have a number of other staff working to support you:

- Intern *Amanda Jones* visits the campus lactation rooms each quarter ensuring they are stocked and ready for your use. You may also see her at the support groups and classes.
- WorkLife Coordinator *Sandy Batchelor* provides administrative/communications support.
- WorkLife Manager *Barbara Ashby* established the BFSP and champions for its continuing success.

## Featured Topic: Yeast Infections

Various forms of bacteria and fungus live within and upon the surface of our bodies and our environment at all times. Given certain conditions, yeast (a type of fungus) can become unmanageable and will develop into an infection. Once initiated, a yeast infection can be difficult to remedy.

Yeast replicates quickly in the presence of warm, moist, dark environments (e.g., the vagina, mouth, wet diapers & nipples). Hormones during pregnancy can change the pH level of the vagina promoting the colonization of yeast. Babies born to mothers with an active vaginal yeast infection may develop Thrush (oral yeast) within ten to fourteen days postpartum, as a result of passing through the birth canal.

Antibiotics can also change the pH level and the microflora of the gut, leaving the possibility for the overgrowth of fungi. Researchers have found a significant correlation between the giving of antibiotics and the likelihood of developing maternal candidiasis.

Oral Thrush may appear as white patches or curds, and can form on any of the surfaces of the mouth (tongue, palate, gums). A baby's mouth may be sore causing them to pull away from the breast; they may appear more irritated, extra gassy, cry more; and, sometimes, a clicking may be heard during breastfeeding. Oral Thrush requires a prescription medication. Mothers of babies identified with oral Thrush should be treated for Candida (breast yeast).

Diaper rashes can be minimized by keeping the area appropriately clean and dry, practicing frequent diaper changes and letting baby go without a diaper as much as possible. Over-the-counter antifungal creams and lotions will usually contribute to improving such a rash. If the rash worsens or does not clear, contact the baby's primary care provider.

The sudden onset of excruciating *pain*, following a period of pain-free breastfeeding, is the hallmark symptom of a yeast infection in the breast/nipple of a breastfeeding mom. Nipples may become extremely sore; they may burn, itch, appear red, or blister. Many moms will report that they experience shooting pains within their breast during letdown, feedings and/or between feedings. If the usual remedies for sore nipples aren't working, mothers should consult their healthcare professional.

Studies have supported that women using nursing pads, which keep the nipple warm and moist, have more breast/nipple yeast infections. Nursing pads in and of themselves are not detrimental – intact skin and



## ***Yeast Infections continued...***

changing/cleaning nursing pads frequently is the best line of defense against breast yeast infections. Over-the-counter creams and lotions may resolve minor nipple yeast infections; however, it is recommended that you seek advice for treatment with your physician. Mothers that develop Candida should have their baby treated for thrush.

### **PREVENTION**

- Wash your hands thoroughly with hand-soap following the handling of your breasts, diaper changes, or using the toilet.
- Wash your bras, burp clothes, soft toys, towels, cloth napkins, etc. *daily* in HOT (> 122° F) water.
- Sterilize nipples, teething rings, pacifiers, toys, etc., that come in contact with baby's mouth *daily*.
- Replace such items with new nipples, teething rings, pacifiers, etc., *weekly*.
- Sterilize breast shells and/or pump parts, *daily*.
- Yeast cells can be transferred easily between family members and from the home environment. Use hand sanitizers (vs antibacterial soaps); and wipe down light switches, door knobs, change tables, counter tops and other non-porous surfaces with wipes containing bleach. ***Don't use these wipes on baby as they are too harsh.***
- Proper breastfeeding positioning and a wide latch are the best preventative measures for avoiding the breakdown of nipple skin. Abraded nipple skin increases the chance of developing an infection.

**If you are identified with an infection, the following are methods of managing your breasts/nipples while continuing to breastfeed:**

- Talk with your physician about a plan of care – treatment may include topical ointments as well as systemic application and pain medication.
- Nurse more frequently for shorter lengths of time and begin feedings with the least sore breast.
- Hand express some milk prior to each feeding to reduce having the baby trigger the letdown.
- Always break the suction of a latch with your finger, never pull the baby from the breast.
- If the pain is too severe to consider latching the baby, pump and feed the expressed milk back.
- Expressed milk should be fed to the baby while both of you are being treated, do not save/store milk during this time.
- Use cold compresses to relieve the pain.
- Use breast shells, in lieu of pads, to keep clothing from the nipple and allow air for healing.
- Consider taking a probiotic to help restore your intestinal microbiota (e.g., Baby Bifidactal).

Thanks to Kyria Boundy-Mills, Specialist, Food Science and Technology for article contribution.

## ***Featured Resource The UCD Human Lactation Center***

Occasionally, we will recommend a resource we encourage you to explore. This month, we look right here on campus:

The UC Davis Human Lactation Center (HLC) is a self-supporting center within the Department of Nutrition. The Executive Director, Dr. Jane Heinig, served as the Editor-in-Chief of the *Journal of Human Lactation* until last year and is the Graduate Advisor of the Maternal and Child Nutrition Master's Program. In addition to conducting research, staff at the HLC provide training for health professionals working with mothers and infants, create educational materials for new parents, and consult with policy makers to support and protect breastfeeding.

### ***Recent Research: Baby Behavior***

The Human Lactation Center's most recent research focuses on helping parents understand their infants' behavior by explaining how babies communicate, how their sleep patterns change over time, and why they cry.

### ***HLC blog: Secrets of Baby Behavior***

Putting together their professional knowledge as researchers and personal experiences as mothers, staff at the Human Lactation Center founded the blog *Secrets of Baby Behavior*. In this blog, experienced help parents understand why babies behave the way they do and share tips to help parents cope with the ups and downs of this new and exciting time of life. The blog is based on over 30 years of research about infant behavior and development.

[www.secretsofbabybehavior.com](http://www.secretsofbabybehavior.com)

## ***Post-Natal Rehabilitation***

Issues such as pelvic organ prolapse, stress or urge urinary incontinence and other common women's health issues now outweigh the costs of female cancers. We can not only rehabilitate, but can prevent these issues from becoming symptomatic with skilled intervention. Beyond just doing 'Kegels,' the goal is to re-condition the primary muscles involved in pregnancy and childbirth: pelvic floor, anterior abdominals, back muscles and diaphragm, so that along with the rest of the body, the woman once again has restored basic functional movement patterns and muscular endurance. Breast feeding is an optimal time to work these exercises or techniques into one's daily life. During the month of April, Amy Zipp, MS OTR/L, therapist from the clinic, Physical Edge here in Davis, will be presenting on these topics & will answer any questions you may have. We'll send out date and time when determined.