



**Public Health**  
Prevent. Promote. Protect.

## Immunization Clinics

THURSDAY, NOVEMBER 10TH  
11 AM-4 PM

THURSDAY, NOVEMBER 17TH  
7 AM-11:30 AM

NO EVENING CLINIC IN NOVEMBER

**ADULT BLOOD DRAWS**  
WEDNESDAY, NOVEMBER 30TH  
7-10 AM

November 2011



# breastfeeding



## Holiday Celebrations...

This month, with Thanksgiving, we officially start the "Holiday Season." During these holiday celebrations some breastfeeding moms may want to add alcohol to their festivities.

Women are often warned to not consume alcohol during pregnancy, as ample evidence has shown that it poses a severe and avoidable risk to her unborn baby. The risks of consuming alcohol while breastfeeding are not as well defined. Breastfeeding mothers receive conflicting advice about whether alcohol consumption can have an effect on their baby, which often leaves them feeling like they have more questions than answers.

We do know that the effects of alcohol on the breastfeeding baby are directly related to the amount the mother ingests. When the breastfeeding mother drinks occasionally or limits her consumption to one drink or less per day, the amount of alcohol her baby receives has not been proven to be harmful.

The American Academy of Pediatrics Committee on Drugs considers alcohol compatible with breastfeeding in very limited amounts. It lists possible side effects if consumed in large amounts, include: drowsiness, deep sleep, weakness, and abnormal weight gain in the infant, and the possibility of decreased milk-ejection reflex in the mother.

Source: La Leche League

## How often should I breastfeed?

Answer: During the first two to three days after delivery, the breastfeeding frequency rule of thumb is to nurse often (eight to 12 feedings per day; about 30 minutes on average per session — although sessions could be shorter or longer depending on your baby), but don't expect your baby to fill up. He or she won't really have much of an appetite, and your milk hasn't yet arrived on the scene. The thin, yellowy substance that you are producing is colostrum; it's a vital blend of immune factors and proteins that jump-starts your baby into a healthy new life outside your womb. You'll make very little, but the baby won't need more than a teaspoon or so per feeding during these early days.

Source: *Breastfeeding, Best for Mom, Best for Baby*

## When to Call the Doctor...

It's "that" time of year. Having a newborn can be a worry, because it's inevitable—your baby will get sick sometime. Whether it's a cold, an ear infection, colic or something else, you need to be prepared. It's hard for new parents to know when to call the doctor. After all, your baby can't tell you what's wrong. As a general rule, if your baby exhibits any of the following symptoms, call your doctor. Any could be an indication your baby is ill.



- fever higher than 101F (38.3C)
- inconsolable crying for long periods
- problems with urination
- projectile vomiting, in which stomach contents come out with great force
- baby appears lethargic or floppy when held
- severe diarrhea
- unusual behavior
- poor appetite

And, don't give your infant any over the counter medications without checking with your doctor first.

Source: FamilyEducation.com



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# Another Satisfied Customer

Every new nursing mother has worried at some point that her baby wasn't getting enough milk. Your breasts aren't calibrated on the outside, after all, letting you know how much milk is consumed. If you are concerned, your baby's weight and dirty diapers may be good indicators to check if your baby is getting his or her fill.

Although it's probably something you never expected to do, keep a careful count of those wet and soiled diapers: Your newborn should be pumping out eight to 12 dirty diapers with clear to very pale yellow urine and at least five soft, yellow bowel movements over a 24-hour period.

For the first several weeks, it's a good idea to keep a written record (you'll be too tired to keep it all in your head) of breastfeeding frequency and diaper output — you can even bring it along to the pediatrician's at each visit so you'll have your facts and figures handy when you're asked about those dirty diapers.

You will also want to monitor baby weight gain. Infants should gain weight steadily every week; four to seven ounces per week is typical, although weight gain will vary depending on age and other factors.

If your baby seems happy and content after most feedings, then chances are she's a satisfied customer and is getting enough milk. If she's crying and fussing or sucking on her fingers frantically after a full feeding, she might still be hungry (though these can also be signs of gas or infant colic).

## Dealing with Thrush

First, it's important to know what you're dealing with. Thrush is a yeast infection that can develop in a baby's mouth and can also be found on your nipples. Yeast is a normal part of everyone's digestive system but when there is an overgrowth it can cause an infection.

Vaginal deliveries in which mom has a yeast infection (sometimes unknown) or antibiotics given after delivery can both cause thrush. Thrush can be shared back and forth between mom & baby, that's why it is important to spot the signs of thrush and get treatment.

The most common symptom in babies is white patches in the mouth and on the tongue that look like cottage cheese and do not wipe off, baby crying at the breast and possibly a diaper rash that has raised, patchy or dark red spots. There are also signs for mom to look for: Itchy, pink, red, shiny or burning nipples, deep shooting pain in the breast during or after feedings, or a vaginal yeast infection.

If you think you and your baby have thrush, it is important to get medical care as soon as possible. Thrush can make breastfeeding painful for your baby and for you, and might even undermine getting nursing established. Your physician can prescribe Nystatin or suggest some over the counter therapies. There is no need to stop nursing your baby. It usually only takes a few days to clear up and things to be back to normal.

Keep your nipples clean and dry, since yeast thrives in warm damp places. Change nursing pads as soon as they are wet. Clean anything that comes in contact with your baby's mouth to stop the risk of reoccurrences! Don't forget you can call us at 646-5506 for more information on thrush!

Rachel Snider WIC BFPC, CBE

Source: Baby Center



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## Protecting Infants from Flu

Flu vaccine is not approved for use in children less than 6 months. Also, prescription drugs used to treat and prevent flu are not approved for use in children younger than 1 year.

Because children younger than 6 months cannot get a vaccine or antiviral drugs, but are at high risk for serious flu-related complications, keeping them from getting the flu is especially important.

If you live with or care for an infant less than 6 months of age, you should get a flu vaccination. A flu vaccination can protect you and your loved ones — including your infant — from the flu.

Cover your nose and mouth with a tissue when you cough or sneeze — throw the tissue away after you use it.

Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcohol-based hand cleaner.

Keep yourself and your baby away from sick people when you can.

If you get the flu, stay home from work or school. If you are sick, do not go near other people so that you don't make them sick too.

Try not to touch your eyes, nose, or mouth. Germs often spread this way.

Keep breastfeeding if you or baby gets sick, your breastmilk provides immunities to fight the virus.

Source: CDC