

Table of Contents

First Trimester

When to Call Your Health Care Provider During Your First Trimester of Pregnancy/Additional Information	1
Prenatal Care: Your First Visit	3
Good Nutrition During Pregnancy for You and Your Baby	7
Prenatal Vitamins.	13
Medicine Guidelines During Pregnancy.	15
HIV Testing	19
Screening for Chromosome Abnormalities in Pregnancy.	21
Prenatal Ultrasonography	25
Coping With the Physical Changes and Discomforts of Pregnancy	27
Vaccination During Pregnancy	35
Toxoplasmosis and Pregnancy	39
Sex During Pregnancy	41
Sexually Transmitted Diseases and Pregnancy	43
Exercise During Pregnancy	47
Finding a Comfortable Position: Correct Posture and Body Mechanics During Pregnancy	55
Sleep During Pregnancy	61
Dental Care During Pregnancy	63
How Smoking Affects You and Your Baby During Pregnancy	65
Traveling When You are Pregnant	69

Second Trimester

Welcome to the Second Trimester	73
Oral Glucose Challenge Test During Pregnancy	75
Depression During Pregnancy.	77

Third Trimester

Welcome to the Third Trimester	79
Counting Your Baby's Movements (Kick Counts).	83
Group B Streptococcus and Pregnancy	85
True Versus False Labor	87
Premature Labor	89
What to Pack for the Hospital	91
Your Birth Day: What to Expect During Labor	93
Types of Delivery	97
Pain Relief Options During Childbirth	103

Breastfeeding

The 10 Steps to a Successful Breastfeeding Program	109
The Benefits of Breastfeeding for Baby and for Mom.....	111
24 Hour Rooming-In: Rest is Healing.....	115
Skin-to-Skin Contact for You and Your Baby.....	117
Breastfeeding: The First Weeks	119
Over-the-Counter Medicines and Breastfeeding.....	127

Baby Care

Newborn Care in the Hospital	131
Newborn Appearance	133
Newborn Behavior	135
Your Baby: When to Call the Doctor	139
Umbilical Cord Appearance and Care.....	141
Circumcision	143
Childhood Immunizations	145
Car Seat Safety	147

Mother Care

Contraception During Breastfeeding	149
What to Expect After Delivery	151
Physical Changes After Delivery	155
Exercise After Delivery	159
Pregnancy, Childbirth, and Bladder Control	161
Depression After the Birth of a Child or Pregnancy Loss	165

The 10 Steps to a Successful Breastfeeding Program

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff to have the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give breastfed infants no food or drink other than breast milk, unless medically indicated.
7. Practice “Rooming-In” by allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial nipples, pacifiers, dummies, or soothers to breastfeeding infants.
10. Foster the establishment of breastfeeding by offering breastfeeding classes and support groups.

The Benefits of Breastfeeding for Baby and for Mom

Breastfeeding: Healthier for baby

Breastfed babies have:

- Stronger immune systems
- Less diarrhea, constipation, gastroenteritis, gastroesophageal reflux, and preterm necrotizing enterocolitis (NEC)
- Fewer colds and respiratory illnesses like pneumonia, respiratory syncytial virus (RSV) and whooping cough
- Fewer ear infections, especially those that damage hearing
- Fewer case of bacterial meningitis
- Better vision and less retinopathy of prematurity
- Lower rates of infant mortality
- Lower rates of Sudden Infant Death Syndrome (SIDS)
- Less illness overall and less hospitalization
- Parents have up to six times less absenteeism from work

Breast milk provides abundant and easily absorbed nutritional components, antioxidants, enzymes, immune properties, and live antibodies from mother. Mother's more mature immune system makes antibodies to the germs to which she and her baby have been exposed. These antibodies enter her milk to help protect her baby from illness. Immunoglobulin A coats the lining of the baby's immature intestines keeping germs and allergens from leaking through. Breast milk also contains substances that naturally soothe infants.

Breastfed babies may become healthier children with:

- Fewer instances of allergies, eczema, and asthma
- Fewer childhood cancers, including leukemia and lymphomas
- Lower risk of type I and II diabetes

- Fewer instances of Crohn's disease and colitis
- Lower rates of respiratory illness
- Fewer speech and orthodontic problems
- Fewer cavities
- Less likely to become obese later in childhood
- Improved brain maturation
- Less risk of postpartum depression and more positive mood
- Greater immunity to infection

Healthier emotionally:

Teens and adults will find benefits for life:

- Breastfeeding produces the naturally soothing hormones oxytocin and prolactin that promote stress reduction and positive feelings in the nursing mother
- Increased confidence and self-esteem
- Increased calmness. Breastfed babies cry less overall, and have fewer incidences of childhood illness. Breastfeeding can support the wellness of body, mind, and spirit for the whole family.
- Breastfeeding makes travel easier. Breast milk is always clean and the right temperature.
- Physical/emotional bonding between mother and child is increased. Breastfeeding promotes more skin-to-skin contact, more holding and stroking. Many feel that affectionate bonding during the first years of life help reduce social and behavioral problems in both children and adults.
- Breastfeeding mothers learn to read their infant's cues and babies learn to trust caregivers. This helps shape the infant's early behavior.
- Less likely to develop rheumatoid arthritis and lupus
- Less likely to develop heart disease in adulthood
- Lower risk of multiple sclerosis
- Lower rates of pre- and postmenopausal breast cancers

Breastfeeding: Healthier for mom physically:

- Promotes faster weight loss after birth, burning about 500 extra calories a day to build and maintain a milk supply
- Stimulates the uterus to contract and return to normal size
- Less postpartum bleeding
- Fewer urinary tract infections
- Less chance of anemia

24 Hour Rooming-In: Rest is Healing

Having a baby is exciting, exhausting work. That's why it's called "labor."

Mothers and babies belong together. 24 hour Rooming-In is provided as part of our family-centered care to help you learn how to rest and care for your newborn.

24 hour Rooming-In helps you prepare for going home with your new baby. Many women welcome the idea of getting as much sleep as possible after labor, and it can be tempting to send your baby to the nursery to get some rest. However, research shows you are just as likely to get the same amount of rest with your baby in the room. Having your baby with you right from the beginning is shown by research to be the best way for you and your baby to rest and establish a routine. This is a wonderful time to get to know and connect with your new baby. Babies recognize their parent's voice, smell, and heartbeat. Having your baby within your presence helps your baby relax. 24 hour Rooming-In helps you prepare for going home with your new baby and offers more opportunities to learn about your baby's behaviors and what they mean.

24 Hour Rooming-In Benefits for Mother:

- Better quality sleep
- Increased confidence in handling and caring for baby
- Ability to learn what your baby's cues are (sleepy, stressed, in need of quiet time, or hungry)
- Earlier identification of early feeding cues (rooting, opening mouth, and sucking on tongue, fingers, or hand)
- Improved breastfeeding experience
- Less infant crying and distress (they love to be near you)
- Less "baby blues" and postpartum depression
- Parents are better-rested and more relaxed by the end of the first week home
- Increases opportunity for skin-to-skin contact

24 Hour Rooming-In Benefits for Baby:

- Better quality sleep. Your baby will develop a more regular sleep-wake cycle earlier, and may help ease the transition to day/night routines

- More stable body temperatures
- Generally more content, less crying
- More stable blood sugar
- Breastfeed sooner, longer, and more easily
- Lower levels of stress hormones
- Babies exposed to normal bacteria on mother's skin, which may protect them from becoming sick due to harmful germs

The best advice we can give new parents is to learn how to rest when your baby sleeps day and night in the first days. Early in the newborn period, babies eat frequently, and find comfort and security in being close to you. Learning how to feed your infant can be easier when you learn to read your baby's early hunger cues and sleep/awake states. Keeping baby with you helps you learn how to feed and care for them while our expert staff is close by to assist you.

To further meet the needs of all patients and families, The Cleveland

Clinic offers 24-hour visitation. We encourage you to think ahead about what your wishes will be during your hospital stay. Do you prefer to have round the clock visitors, or will you choose to limit visitors to close family and specific times of the day? We are glad to help you set boundaries in order to help you rest and recover during these first hours and days after delivery. Some parents put a note on their door requesting privacy to rest and bond. Other moms have a "code" phrase to indicate to their partner they are tired and want help asking visitors to leave...it works!

Whatever your wishes, it is our goal to provide you with the best possible care while preparing you to care for your newborn at home. Please let us know how we can best assist you.

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Skin-to-Skin Contact for You and Your Baby

What is meant by “skin-to-skin”?

Skin-to-skin means your full-term, healthy baby is placed belly-down, directly on your chest, right after birth. Your care provider dries your baby off, puts a hat on him or her, covers him or her with a warm blanket, and gets your baby settled on your chest. The first hours of snuggling skin-to-skin let you and your baby get to know each other. They also have important health benefits.

If your baby needs to meet the pediatrician first, or if you deliver by c-section, you can unwrap your baby and cuddle shortly after birth. If necessary, your partner can do the initial skin to skin. Newborns crave skin-to-skin contact, but it’s sometimes overwhelming for new moms. It’s okay to start slowly as you get to know your baby.

Breastfeeding

Keep your baby skin-to-skin as much as possible. Snuggling gives you and your baby the best start for breastfeeding. Eight different research studies have shown that babies who have had the benefit of skin-to-skin breastfeed better. They also continue to keep nursing an average of six weeks longer. The American Academy of Pediatrics recommends that all breastfeeding babies spend time skin-to-skin right after birth. Keeping your baby skin-to-skin in the first few weeks makes it easy to know when to feed your baby, especially if your baby is a little sleepy.



A smooth transition

Your chest is the best place for your baby to adjust to life in the outside world. Compared with babies who are swaddled or kept in a crib, skin-to-skin babies stay warmer and calmer, cry less, and healthier blood sugar levels.

Bonding

Skin-to-skin cuddling may affect how you relate with your baby. Researchers have watched mothers and infants in the first few days after birth, and they noticed that skin-to-skin moms touch and cuddle their babies more. Even a year later, skin-to-skin moms snuggled more with their

Breastfeeding: The First Weeks

Getting started

The first weeks of breastfeeding are a learning time for you and your baby. You are learning how to care for and feed your baby, and your baby is discovering how to breastfeed and ask for comfort. Be patient. Over the next days and weeks, both of you will learn how to breastfeed. Help with breastfeeding is available. A nurse or lactation consultant will observe you and your baby breastfeeding before you leave the hospital.

During the first weeks, your milk will change from colostrum (a thick, rich fluid) to mature milk (a thinner, whitish fluid). This happens gradually. Your milk provides all the food and fluid your baby needs.

A Good Start with Breastfeeding

- We encourage you to put your baby to breast after birth.
- Keep your baby with you so you can breastfeed often (24 Hour Rooming-In).
- Breastfeeding provides comfort as well as nutrition to your baby. Offer your breast whenever your baby shows feeding cues such as mouthing, lip smacking, turning toward the breast, sucking on fists. Feeding on cue or on demand will assure good milk supply because baby's nursing drives the milk supply.
- Newborns breastfeed often. The average is eight to 12 feedings per day.
- Breastfeeding should not hurt.
- The more you breastfeed, the more milk you will make for your baby.
- Once you and your baby learn how to breastfeed, breastfeeding will be a good time to relax and enjoy each other.

Where should I breastfeed my baby?

Select a quiet, comfortable place to breastfeed. If you'd like, pour yourself a glass of water or juice to drink while you are breastfeeding your baby.

Choose a chair with arm support and put your feet on a stool to bring your baby closer to you. Or try lying down on your side. Use pillows on your lap or under your arms to support your baby and avoid straining your back.

If you are in pain, take medicine before breastfeeding to help make you more comfortable.

How should I hold my baby?

Hold your baby close to you, "tummy to tummy." Your baby's whole body should face your body.

Remove your baby's clothing, except for the diaper. Hold him or her as close to you as possible, skin-to-skin contact is best. Keep your baby's head higher than his or her stomach.

Here are two examples of positions to hold your baby while learning to breastfeed. Choose a position that is comfortable for both you and your baby.

Cross-Cradle Position



During the early weeks, many mothers find a variation of the cradle position, called the cross-cradle position, to be useful. For this position, your baby is supported on a pillow across your lap to help raise him/her to your nipple level.

Pillows should also support both elbows so your arms don't hold the weight of the baby; they will tire before the feeding is finished.

If you are preparing to breastfeed on the left breast, your left hand supports that breast in a "U" hold. You support your baby with the fingers of your right hand. Do this by gently placing your hand behind your baby's ears and neck with your thumb and index finger behind each ear. Your baby's neck rests in the web between the thumb, index finger and palm of your hand, forming a "second neck" for baby. The palm of your hand is placed between your baby's shoulder blades. As you prepare to latch on your baby, be sure your baby's mouth is very close to your nipple from the start. When baby opens his/her mouth wide, you push with the palm of your hand from between the shoulder blades. Your baby's mouth will be covering at least a half inch from the base of your nipple.

Clutch or Football Position

This is a good position for a mother who has had a cesarean birth, as it keeps the baby away from the incision. Most newborns are very comfortable in this position. It also helps when a mother has a forceful milk ejection reflex (let down) because the baby can handle the flow more easily. In the clutch position, you support your baby's head in your hand and his back along your arm beside you.



You support your breast with a "C" hold. Your baby is facing you, with his/her mouth at nipple height. Your baby's legs and feet are tucked under your arm with his/her hips flexed and his/her legs resting alongside your back rest so the soles of his/her feet are pointed toward the ceiling. (This keeps your baby from being able to push against your chair.) Pillows again help bring the baby to the correct height.

How should I position my baby on my breast?

Hold your breast with one hand. Place your thumb on top of your breast and four fingers underneath, away from the dark area around the nipple (areola).

When your baby's mouth is open wide (like a yawn), quickly bring your baby onto your breast, leading with the lower lip and baby's head tilted slightly back.

Check your baby's mouth position to make sure the bottom lip is rolled out. Your baby's chin should be touching your breast. Your baby's mouth will be about one inch behind the nipple and on the areola, not on the nipple.

In this position, place your baby's lower arm around your waist. Your baby's head will rest in the bend of your arm, with your forearm supporting your baby's back, and your hand holding your baby's buttocks. Support your breast with the other hand. Place your hand behind your baby's neck, and rest your baby's back on your forearm. Support your breast with your other hand. You will feel a tugging at your breast. This should not be painful. If it hurts, break suction (gently slip your finger into the corner of your baby's mouth) and try to latch your baby on your breast again.

How do I know when my baby is getting milk?

Changes in your baby's sucking pattern will help you know when your milk lets down or is released. Your baby will begin with rapid, short sucking motions. Soon after you will notice a slower, steady sucking pattern and will hear your baby swallow.

How often should I breastfeed?

Feed your baby on demand every one to three hours during the day and night. Most newborns need to breastfeed about eight to 12 times per day. Your baby might want to nurse every hour or so for several feedings (this is called cluster feedings).

Let your baby breastfeed for as long as your baby is nursing vigorously longer on the first breast until he or she seems satisfied. There is no need to limit the length of the feedings unless your nipples are sore. Burp your baby and then offer your other breast.

It is OK if your baby does not feed at both breasts during each feeding. Start on the other breast at the next feeding.

How do I know if my baby is getting enough milk?

By one week of age, be sure your baby has had at least six to eight wet diapers and three to four large, yellow, seedy stools every 24 hours.

The urine should be pale in color after the first week. If your baby is not getting enough milk, the urine will become deep yellow in color and the amount will decrease.

If it's hard to tell if your baby is wet, place a square of toilet paper on top of the diaper. When your baby urinates, the toilet paper will be wet.

Breastfed babies have yellow, seedy, loose stools, often with each feeding. Later on, some breastfed babies might only have one stool per week.

To see if your baby is gaining enough weight, weight checks are available at your local breastfeeding support groups or you can call your health care provider's office.

Breast care

Wash your hands before breastfeeding. A bath or shower once a day is all you need to keep your nipples clean. Do not use soap or other products when washing your nipples. Use warm water only. Allow your nipples to dry after a feeding.

How can I avoid sore nipples?

Sore nipples are common in the first weeks and are often caused by poor positioning. To avoid sore nipples, follow these guidelines:

- Make sure your baby's mouth is opened wide (like a yawn) before he or she latches onto your breast.

- Change your position for breast feeding.
- Be sure the baby's mouth is latched deeply to prevent soreness.
- Rub colostrum or breast milk into your nipple and areola after each feeding, let air dry.
- If your nipples are sore and dry or cracking, start breastfeeding with the less sore breast first.
- Use acetaminophen (such as Tylenol®), an anti-inflammatory (such as ibuprofen), or other pain medicine, as prescribed by your health care provider, for short-term relief.

If your nipples remain sore or are painful, call a lactation consultant.

When can I introduce bottles?

Do not introduce bottles until you and your baby are comfortable with breastfeeding. In fact, some mothers never use bottles at all. After the first three to four weeks, once you and your baby have become comfortable with breastfeeding, bottles can be introduced. It might help if someone other than you feeds your baby the first bottle.

You might choose to pump your breasts and use this breast milk for an occasional or regular bottle feeding.

The American Academy of Pediatrics (AAP) recommends exclusive breast milk feeding for the first six months of life, continuing with complementary food through the first year of life and beyond.

If you will be returning to work, call a lactation consultant two to four weeks before you return to work to discuss your options. You may also find information at www.women-shealth.gov/breastfeeding.

Are supplements necessary?

There is no need for supplements in the first weeks for healthy, full-term babies, unless recommended by your provider. In fact, avoid supplements, as they will decrease your milk supply. Frequent emptying of the breast is important to establish your milk supply.

Avoid artificial nipples, pacifiers, and bottles for the first four weeks, as they might decrease your milk supply.

Your baby controls your milk supply by feeding often. As your baby grows, there will be times when he or she breastfeeds more than usual, and this will increase your milk supply.

How can I take care of myself the first weeks after delivery?

Get enough rest. Whenever the baby is sleeping, you should rest, too. Let your family and friends help with

older children and house chores. Your job during the first weeks is to get to know your new baby.

Good nutrition remains important. Follow the same guidelines for healthy eating as you did during pregnancy. Remember, eating well keeps you healthy. Your health care provider might recommend that you continue to take a prenatal vitamin while you are breastfeeding.

If you are uncomfortable from delivery, take the pain medicines as directed by your health care provider. Pain can make breastfeeding more difficult, since it can interfere with your milk letting down. Pain medicines prescribed by your health care provider will not harm your baby.

Ask your health care provider or lactation consultant about the safety of any medicine you might need to take while breastfeeding. Most prescription drugs or over-the-counter medicines are safe to take while breastfeeding.

Common concerns about breastfeeding

1. Are my breasts too small to breastfeed?

Breast size does not affect your ability to breastfeed. The amount of milk your breasts make will depend on how much your baby eats, not

how big your breasts are.

2. Will breastfeeding hurt?

Breastfeeding should not hurt if your baby is latched onto your breast well. Your health care provider can help you learn how to hold your baby when you breastfeed for the first time. Your breasts might be tender the first few days, but this soreness should go away as you continue to breastfeed.

3. Is breastfeeding hard to do?

Breastfeeding is a learned skill and takes practice, but the health benefits you are gaining for you and your baby are worth it. Help with breastfeeding is available. There are many ways for you to learn about breastfeeding. Many hospitals offer breastfeeding classes that you can attend during pregnancy. In most cases, nurses and lactation consultants are also available to give you information and support. Talking to other breastfeeding moms might be helpful and make you feel more comfortable.

4. I am shy and think breastfeeding might embarrass me.

You can choose to feed your baby in private. Or, you can breastfeed in front of others without them seeing anything. You can wear shirts that pull up from the bottom, just enough for your baby to reach your breast. You can put a blanket over your shoulder or around your baby so no one can see your breast.

5. Do I have to drink milk if I choose to breastfeed?

No, you do not have to drink milk to make breast milk. Other sources of calcium-rich foods include yogurt, cheese, tofu, salmon, almonds, calcium-enriched fruit juice, corn tortillas, leafy green vegetables, broccoli, and dried beans and peas. Eat four servings of calcium-rich foods every day to provide proper nutrition for you and your baby.

6. What if I need to go out?

If you can take your baby with you, your baby can eat when he or she is hungry. If you need to be away from your baby, you can learn to pump or "express" your milk and store it so that someone else can feed your baby.

7. How can I breastfeed when I go back to work?

When you return to work, you can learn to pump or "express" your milk and store it so that someone else can feed your milk to your baby while you're at work.

For more information on breastfeeding for working mothers, go to:

<http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/employee's-guide-to-breastfeeding-and-working.pdf>

8. Will breastfeeding take too much time?

Feeding your baby takes time, no matter which method you choose. Your choice to breastfeed is a personal one. We hope this handout explained some of the benefits of breastfeeding for you and your baby. Please feel free to discuss your concerns with your health care provider or a lactation consultant.

9. How can the dad or partner bond with the baby if I am breastfeeding?

Dad or partner can provide skin-to-skin contact, which is a loving way to bond and to give the new mother some time for herself. Dad or partner can also take the baby for a walk in a front carrier or a sling and help with basic baby care.

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Index# 3992

Over-the-Counter Medicines and Breastfeeding

Is it safe to take over-the-counter medicines while I am breastfeeding my baby? The answer is usually "yes." To provide some simple background information about this topic, briefly, here are some known facts about medicine and breast milk:

- Nearly all medicines taken by a mother pass into human milk, BUT only in very small amounts-- usually less than one percent of the dosage taken by the mother.
- Because only a very small amount even passes into milk, there are very few drugs that **SHOULDN'T** be taken by a nursing mother.
- **IN MOST CASES**, nursing mothers do not need to interrupt breastfeeding to take prescription or over-the-counter medicines. In the rare situation when you should not take a drug, you may try an alternative drug, a non-drug, or a procedure.



Two simple general "rules of thumb" that can help you determine if it is safe to take a medicine during breastfeeding are as follows:

- If a drug is commonly prescribed for infants, it is likely safe to take while nursing, since the baby would generally receive a lower dose from breast milk than from taking the drug directly.
- Drugs considered safe to take during pregnancy are, with few exceptions, safe to take while nursing.

Are there any additional safety measures to consider while breastfeeding?

Even though most medicines are safe to take during breastfeeding, some additional safeguards to lower any potential risk even further include:

- Only take a medicine if you **REALLY** need it. Consider alternative non-drug therapies if possible.

- Take the lowest possible dose for the shortest possible time.
- Avoid extra-strength formulas. Also avoid "sustained-release" preparations and medicines taken only once or twice a day. These are considered "long acting" drugs and remain in the mother's blood stream and milk supply much longer than drugs that need to be taken more frequently.
- When possible, use single ingredient preparations rather than multi-symptom formulas. For example, if you only have a cough, use a single-ingredient cough suppressant rather than a cough suppressant combined with a decongestant.
- Watch for signs of a possible drug reaction in your baby such as sleepiness, rashes, diarrhea, or colic. Although such reactions rarely occur, call your health care provider if you see such changes.
- Finally, always read the medicine labeling and package insert for any precautions or warnings about taking the drug while breastfeeding. Never hesitate to call your doctor, the baby's pediatrician, a lactation consultant, or your pharmacist if you have any concerns about taking a medicine while you are breastfeeding.

Which medicines are NOT safe to take while breastfeeding?

Some of the medicines that require temporary weaning are those that contain radioactive compounds and drugs used to treat cancer. Most of the drugs that raise any concern at all are prescription drugs, not over-the-counter medicines.

For more information on unsafe medications that are geared to nursing mothers, please go to the United States National Library of Medicine, LactMed, which contains over 450 drug records.

www.nlm.nih.gov/news/lactmed_announce_06.html or

<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

If I am a smoker, can I continue to smoke and breastfeed?

Of course not smoking would be the best choice for your personal health and the health of your baby. However, if you can't quit, try to cut down. If you smoke less than a half a pack a day, the risks to the baby are small. Of course, the fewer cigarettes you smoke, the smaller the chance of encountering problems. Nicotine in large doses can cause low milk supply, a poor letdown reflex, and GI upset in some babies (for example, resulting in nausea/vomiting, abdominal cramps, and diarrhea).

If you must smoke:

- Don't smoke around the baby, and smoke after you nurse.
- Wash hands and face after smoking.
- Cover your hair and change your clothes.
- Do not smoke indoors.

Can I safely drink alcohol while breastfeeding?

Occasional or light drinking—such as a glass of wine or a beer—has not been found to be harmful to a breastfeeding baby. Erring on the conservative side, wait at least two hours for every drink you consume before nursing your baby. Or alternatively, use expressed milk to feed your baby after consuming alcohol.

Also, consider choosing drinks low in alcoholic content or that are diluted with water or juice.

Moderate-to-heavy alcohol consumption by a breastfeeding mother has been shown to interfere with the let-down reflex, inhibit milk intake, affect the baby's motor skill development, slow weight gain, inhibit growth, and cause drowsiness in the baby.

Can I safely drink coffee while breastfeeding?



Drinking up to two 5-ounce cups of coffee per day does not appear to cause any problems for a mother and nursing baby. Drinking more than this amount can result in an irritable or fussy baby and a baby with poor sleeping habits. Some babies are sensitive to any amount of caffeine.

Remember to consider the amount of caffeine you drink from ALL of your beverages, including coffees, teas, colas, and even chocolate. Consider cutting back or switching to decaffeinated beverages.

Please consult your health care provider for advice.

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