

Your complete guide to breastfeeding



**Ascension
Sacred Heart**

Monogram Maternity

Welcome mothers

The Ascension Sacred Heart Family Birth Place recognizes just how big this moment is. We offer family-centered care that allows you to live in the moment of becoming a new mom. Ascension Sacred Heart has been delivering babies for more than 100 years. Today, we deliver more than 3,000 babies annually, celebrating the miracle of birth 365 days a year. Our caring team has a passion for taking care of new moms and their infants.

Baby-Friendly

All three Ascension Sacred Heart hospitals have received the “Baby-Friendly” designation. The Baby-Friendly initiative was launched by the World Health Organization and UNICEF to promote breastfeeding. Our Family Birth Place promotes breastfeeding as the healthiest way for a mother to feed her baby or babies. Our staff is available to teach and assist you with breastfeeding during your hospital stay.

Benefits to your baby:

- Colostrum/breast milk are the best choices of nutrition for your baby
- Mother and baby bonding
- Living cells found only in breast milk protect your baby from bacteria and infections
- Breastfeeding and skin-to-skin contact help maintain your baby’s temperature, respirations and blood sugar
- Fewer ear infections
- Decreased risk of adult diabetes and obesity
- Calming

Benefits to mom:

- Decreased uterine bleeding after delivery
- Decreased risk of breast cancer
- Quicker return to pre-pregnancy weight
- Increases mom’s awareness of her baby’s early hunger feeding cues
- Release of breastfeeding hormones
- Calming

Our goal is to help you begin breastfeeding within the first hour of birth. We will also teach you how to breastfeed and maintain your milk supply if you and your baby are separated. You should breastfeed your baby when he or she is hungry or at least 8-12 times within 24 hours. Babies who are breastfeeding will be given formula for medical reasons only. Breastfeeding babies are given pacifiers only during medical procedures.

Mothers who are formula-feeding their babies will be asked to give their consent. Formula for your baby will be given to you on a daily basis. You will need to provide for your baby’s formula needs after you and your baby are released from the hospital.

Our mission is to promote, support and protect the breastfeeding mother/baby couplet. We congratulate you on the birth of your baby, and are available to assist with any infant-feeding questions or concerns.

Thank you,

Maternity and Women’s Center staff

Nonpharmacological pain relief

Methods for labor

Remember to be flexible when you are in labor and use the strategies that work best for you.

Basic relaxation

- Body awareness
- Progressive relaxation
- Touch relaxation

Breathing techniques

- **Cleansing breath:** A big sigh in through your nose and out through your mouth at the start and end of each contraction.
- **Slow, deep breathing:** Breathe in slowly and deeply, then with each slow breath out, relax your body from head to toe.
- **Paced breathing:** Keep your breath shallow and think of the words “Hah-hee” to yourself as you breathe in and out. Take short breaths in on “hah” and out on “hee” during each contraction.
- **Patterned breathing:** During strong contractions using the “hah-hee” pant, add “hah-who” and repeat pattern to your comfort level during each contraction.

Remember your cleansing breath at the beginning and end of each contraction.

Touch and massage

Touch soothes the body through simple hand-holding and gentle stroking of the arms, legs or abdomen.

Pressure points

Applying pressure to certain areas of the body has been proven to decrease stress, tension and pain.

Example: Back labor — your partner can apply pressure to the small of your back during a contraction to decrease the discomfort of back labor.

Changing positions

- Staying in one position can increase tension.
- Moving regularly can significantly reduce pain.

Rooming-in

Keeping baby close

At Ascension Sacred Heart, all healthy mothers and babies (both breastfed and formula-fed) will practice rooming-in 24 hours a day. Staff is there to lend a hand when needed.

Mothers and babies who are kept together during their hospital stay benefit in many ways:

- Mother and baby bonding
- Early breastfeeding within one hour after birth
- Moms learn their baby’s early hunger feeding cues
- Babies breastfeed more often
- Better milk supply
- Babies cry less
- Better breastfeeding success

Babies are born to breastfeed. Mothers who keep their babies close and let them breastfeed whenever they are hungry will have a positive start for a successful breastfeeding experience.

Breast milk is the best source of nutrition for your baby.



Skin-to-skin

Holding your baby skin-to-skin is defined as placing your newborn infant on your chest or abdomen so that your skin and your baby’s skin are touching.

Healthy newborns are placed on their mother’s chest or abdomen within the first hour after birth. Breastfeeding should be started during this time.

The benefits of skin-to-skin contact include but are not limited to:

- Bonding between mother and newborn
- Initiation of breastfeeding
- Newborns maintain their body temperature
- Regulates newborn’s heart rate and respirations
- Newborn’s blood sugar remains more stable
- Decreases newborn’s stress
- Less crying
- Mothers are more aware of their newborn’s early feeding hunger cues
- Increases success of exclusive breastfeeding

Keeping your baby close and holding them skin-to-skin within the first hour after birth and during your hospital stay will provide you with a positive beginning toward a successful breastfeeding experience.

Early breastfeeding is best

- Colostrum gives newborns nutrition and antibody protection from the very first feeding.
- Skin-to-skin and early, frequent feedings help newborns transition to life outside of the womb.
- Feedings help stabilize an infant’s temperature, breathing rate and blood sugar levels.
- Early, frequent breastfeedings help establish a mother’s milk supply, increasing her rate of success.
- Breastfeeding helps mother/newborn bonding by using the time period right after birth when the newborn is awake and alert.
- Breastfeeding reduces the risk of the mother bleeding too much after delivery.

Exclusive breastfeeding

Exclusively breastfeeding means to feed your baby only breast milk for the first six months of life. Breastfed babies should not be fed any formula, drinks or foods unless medically indicated.

In addition to feeding at the breast, mothers can pump their milk and then feed it to their babies. Feeding only breast milk will protect your baby from lung and intestinal infections, and gives your baby antibodies and nutrition specific to your baby's needs.

According to the World Health Organization, more than 800,000 children could be saved each year if more mothers would breastfeed their babies for the first six months of life.

The American Academy of Pediatrics and the American Academy of Family Physicians suggests that:

- Mothers breastfeed their babies for the first six months of life.
- Breastfeeding should continue as babies are started on new foods until they are 12 months of age.
- Babies older than 12 months of age should continue breastfeeding as long as desired by mother and baby.

Latching

Getting it right

Key components to a successful latch:

1. Proper positioning of mother
 2. Proper positioning of newborn at breast
 3. Newborn should be latched chin first into breast with a wide-open mouth and flanged lips.
- Use pillows or blankets to help you properly position your newborn at breast level. Newborns who are not properly positioned can latch inappropriately, causing nipple trauma and pain to the mother.

- Ensure your baby is facing the breast with the mouth and nose in line with the nipple. Before bringing your baby's face to the breast, try the "nipple to nose, chin first" approach. To do this, gently stroke your nipple from your baby's nose to upper lip to their chin. When your baby opens his/her mouth wide, place your nipple and as much of your areola on the tongue while aiming toward the roof of the baby's mouth.
- Your baby's chin should be in toward your breast with his/her nose slightly touching your breast.
- Babies positioned and latched correctly at the breast will not cause nipple trauma or pain to their mothers.
- Your nipple should look full, round and elongated after breastfeedings.
- You may feel tugging on your breast tissue as your baby suckles. Pain or discomfort lasting after the initial latch may indicate an inappropriate latch and should be corrected.
- Lactation consultants are happy to assist you if you are having breastfeeding problems or concerns.

Solid foods and breastfeeding

After the first six months

Typically, infants are ready to start eating solid foods around 6 months of age. Signs your infant is ready to start eating solids include:

- Being able to sit up on his/her own to reach for objects
- Turning his/her head to refuse food when he/she is not hungry

Ask for your pediatrician's recommendation.

Breastfeeding positions

Choosing one that works for both of you



Cradle hold

- Hold your baby in front, chest-to-chest, supporting your baby's head on your forearm.
- Your free hand is supporting your breast.



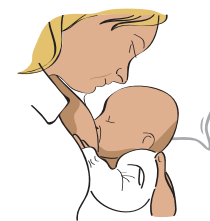
Cross cradle hold

- Hold your baby in front, chest-to-chest. Cross your arm opposite the breast you are feeding from, using your hand to support your baby's head, neck and shoulders, and your arm to support your baby's back.
- Your free hand is supporting your breast.



Football hold

- Hold your baby at your side with your hand supporting your baby's head, neck and shoulders, and your arm supporting your baby's back.
- Your baby can be positioned on his/her back or side.
- Your free hand is supporting your breast.



Side-lying position

- Lying on your side with your head and back supported, place your baby on his/her side facing you, latching to the breast closest to the mattress.
- Support your baby's head, neck and shoulders while using your free hand to support your breast.



Biological nursing position/laid back

- Position your baby on your abdomen and chest, facing you.
- Your baby will use his/her hands to locate your nipple, bobbing his/her head at the breast.
- Your baby may use his/her feet and legs to crawl up onto the breast to latch.
- This position gives your baby the most skin-to-skin contact when breastfeeding.

Breast milk

Expressing, collecting, storing and preparing

There are many reasons mothers may choose to express their breast milk. Instructions for expressing, collecting, storing and preparing your breast milk are included below. If you have any questions, please feel free to contact our Lactation team for further guidance.

Hand or manual expression of breast milk:

- Wash your hands.
- Position your thumb and index finger on the areola and push toward your chest while gently compressing your two fingers together.
- Continue this process while repositioning your thumb and index finger until you have circled around your areola and the breast is empty of milk.

Electric breast pump:

- Wash your hands.
- Use a breast pump recommended by a professional.
- Read and follow the breast pump manufacturer's directions.
- Place expressed breast milk in appropriate breast milk storage containers.
- Label, date and time all breast milk containers.

Storage and prepping of expressed breast milk:

- Store breast milk in clean glass or hard BPA-free plastic bottles or containers.
- Freshly expressed breast milk can remain at room temperature for up to 3-4 hours, then must be placed in the refrigerator or freezer.
- Breast milk can remain in the refrigerator (39° F or colder) for up to four days or in the freezer (24° F or colder) for 6-12 months.
- Stored breast milk should be placed in the back of the refrigerator or freezer. Avoid storing in the door shelves.

- Place frozen breast milk containers in the refrigerator for 24 hours to thaw. Thawed breast milk must be used within 24 hours. Do not re-freeze breast milk. Discard any unused breast milk from a previous feeding.
- When warming breast milk, do not place in the microwave or in boiling water as this could cause potential harm to your baby.
- Always use your oldest collected breast milk first.

If exclusively pumping, the recommendation is the same as for exclusively breastfeeding: 8-12 times in 24 hours, during the night, when the milk-making hormone is highest.

Breastfeeding

All about supply and demand

Breast milk production is based on a supply and demand system. The body will make more breast milk to replace what the newborn takes. Because of this, it is important your newborn feeds frequently, especially in the first several weeks.

Your newborn should feed 8-12 times within 24 hours, including night feedings.

This frequent breastfeeding will help create a full supply of breast milk.

As the weeks and months pass, your newborn will establish his or her own feeding pattern. Once your newborn starts eating solid food, the amount of breast milk needed will also decrease.

Remember, the American Academy of Pediatrics recommends you continue to breastfeed at least through the first year and then as long as you and your newborn would like.



Breastfeeding on demand

Baby knows best

Breastfeeding your baby “on demand” means to breastfeed your baby anytime he/she appears hungry.

Normal newborn feeding patterns:

Day 1: The first two hours after birth is the best time to initiate breastfeeding. Newborns are awake, alert and eager to latch and breastfeed. Over the next 20 hours, most newborns prefer to sleep and can be difficult to wake for breastfeeding. Keep your baby close (skin-to-skin) and offer your breast 8-12 times within 24 hours.

Day 2: Most babies begin to “wake up” and are interested in breastfeeding. Continue to breastfeed at least 8-12 times day and night or sooner following your baby’s early hunger cues.

Early hunger cues indicating your baby is ready to breastfeed include:

- Licking or smacking their lips
- Jutting their tongue out of their mouth
- Rooting: turning their head when the side of the mouth or cheek is touched
- Bringing their hands or fists to their mouths

Breastfeeding facts

- Babies can cluster feed, meaning breastfeeding 15-20 times a day!
- Babies not feeding at least 8-12 times within 24 hours need to be woken up and breastfed.
- Eight to 12 breastfeedings a day will ensure adequate infant weight gain and sufficient breast milk supply.

Normal newborn stomach size

- **Day 1-3:** Marble
- **Day 5:** Shooter marble
- **Day 10:** Ping pong ball

Your baby’s stomach grows each day in accordance with your increasing breast milk supply. Breast milk is specifically made for your baby and is easily digested, resulting in more demand feedings.

Newborn diaper goals

Newborn peeing and pooping is a reassuring indicator that your baby is doing well. A good-sized poop needs to be at least as large as a quarter.

- **Day 1:** 1 pee, 1 poop
- **Day 2:** 2 pees, 2 poops
- **Day 3:** 3 pees, 3 poops (color should be changing from black to green)
- **Day 4:** 4 pees, 4 poops (color should be changing from green to brown to yellow)
- **Day 5:** 6-8 pees, 4-6 yellow poops (pee should be pale yellow without a strong odor)

Baby sleep

Babies sleep most of the day but should still wake up to eat. We expect the baby will be back to his/her birth weight by his/her two-week checkup. Until this time, it is recommended the baby should only have one longer stretch of sleep, which should not be longer than four hours.

Concerns

Anytime you are concerned about your baby’s well-being, call your baby’s pediatrician. If you have breastfeeding questions, please contact:

Maternity and Women’s Center

Ascension Sacred Heart Hospital Pensacola
Monogram Maternity program
5153 N. Ninth Ave., Suite 607
Pensacola, FL 32504
850-416-6378

Lactation services

Warm Line: 850-416-8088

Private consultants

Appointments: 850-416-6378 (NEST)

We are available to answer questions by phone or schedule an outpatient appointment.

Alternate feeding methods

Finger, syringe, cup and spoon

Breastfeeding infants who require supplementation may be given their supplement by an alternate feeding method. Mothers of breastfeeding infants are actually encouraged to use an alternate method. The nursing staff of the Family Birth Place will assist and teach you the appropriate method for your infant’s needs.

Finger feeding/syringe feeding:

1. Wash your hands; cut fingernails short.
2. Support baby’s head, neck and shoulders with baby seated in your lap.
3. Gently insert your finger, pad side facing the roof of mouth and allow your baby to begin sucking.
4. Place your baby’s supplemental feeding in a syringe or dropper. Gently place the tip of the syringe or dropper at the corner of your baby’s mouth and insert slowly just past the tip.
5. Slowly give the supplemental feeding in coordination with your baby’s sucking pattern.
6. Burp your baby frequently during the feedings.
7. Wash the syringe with hot, soapy water after each feeding and dry completely.

Cup feeding/spoon feeding:

1. Wash your hands; cut fingernails short.
2. Support baby’s head, neck and shoulders with baby sitting upright in your lap.
3. Using a small, clean medicine cup or spoon, pour enough of the supplement until it is about a quarter of an inch below the rim.
4. Place the edge of the cup or spoon gently on your baby’s lower lip.
5. Bring the liquid to your baby’s lip and allow your baby to slowly “lap” the liquid into his/her mouth like a kitten. DO NOT pour the liquid into your baby’s mouth.
6. Burp your baby frequently.
7. Wash cup or spoon after each feeding and dry completely.

Please ask your nurse or lactation consultant for feeding assistance if needed.



Feeding the breastfed baby with an alternate feeding method

You will want to start introducing an alternate feeding method 2 weeks before returning to work but no sooner than 4 weeks and no later than 6-8 weeks. You will want to start practicing the alternate feeding method every day or every other day. This will make sure baby transitions easily on your first day away.

Preparation of your expressed breast milk

If the breast milk is frozen, you can thaw it overnight in the refrigerator or hold the container of frozen milk under warm running water. Never heat milk in the microwave, place breast milk in boiling water or shake a container of breast milk. Swirl the breast milk around to mix the fat (hindmilk) with the rest of the milk. Heat the milk by placing in a container of warm water and test the temperature on your arm before feeding to your baby.

Feeding your baby expressed breast milk

Choose the alternate feeding method best suited for you and your baby. Start slowly, hold the baby upright, tickle the baby's lips until he/she opens his/her mouth, letting him/her drink slowly. If your baby takes well to the alternative feeding method, then it is probably fine to keep practicing every other day until you return to work. If your baby has a difficult time accepting this new method of feeding, you may want to practice every day.

If baby is getting an alternate feeding, then mom needs to pump at that time to avoid skipping a breastfeeding and provide proper stimulation to her breasts to maintain and protect her milk supply.

How much should my baby eat?

From 1-6 months of age, breastfed babies eat an average of 25 ounces of breast milk a day (between 19-30 ounces). After 6 months, babies may begin to gradually decrease the amount of breast milk they take depending on the amount of food they eat. (Note: breast milk should still make up the majority of your baby's intake for the entire first

year.) Because the milk changes according to the baby's age, breastfed babies very often drink less milk than a formula-fed baby and may not increase the amount they drink from 1-6 months. You can start with the average amount as a guide. If your baby is breastfeeding at least 8-12 times a day, then he/she will probably take about 2-3 ounces of your expressed breast milk per feeding. Many times, this becomes trial and error, and the care provider may need to experiment to see how much the baby eats.

My baby didn't finish the milk. Do I have to throw it away?

There is very little research about bacteria growth in breast milk. Breast milk does, however, have antibacterial properties. The amount of bacteria in breast milk can vary due to cleanliness of pumping parts and feeding devices; whether milk has been previously frozen; and how the breast milk was handled. According to the Academy of Breastfeeding Medicine, it is a reasonable recommendation to discard the remaining milk 1-2 hours after a feeding if baby does not finish the milk. Avoid saving and feeding unused milk to your baby.

Human milk storage guidelines*

Type of breast milk	Storage location and temperatures		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°C (-18°C) or colder
Freshly expressed or pumped	Up to 4 hours	Up to 4 days	Within 6 months is best, up to 12 months is acceptable
Thawed, previously frozen	1-2 hours	Up to 1 day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

*Source: Centers for Disease Control

Returning to work and pumping

Exclusive breastfeeding (feeding your baby only breast milk) is recommended by all major organizations until 6 months of age with continued breastfeeding at least until your baby is 1-2 years old and even longer if desired by mother and baby.

There are many reasons to pump breast milk for your baby. Many mothers will return to jobs away from their babies and will need to pump milk to feed their baby while they are away. Some mothers would like the convenience of allowing someone else to care for their baby occasionally. Some mothers may just feel more comfortable having breast milk stored in their freezer in case of emergency.

When to start pumping

It takes your milk supply about 2-4 weeks after your baby is born to become well established and for baby to get used to breastfeeding. The longer you can exclusively breastfeed, the better your breastfeeding relationship and your milk supply will be.

An effective way to start pumping is to start with the first feeding of the morning. Feed your baby on one breast and pump on the other breast at the same time if possible (you may need help holding the pump). This does a few things:

- The let-down reflex is a conditioned response which causes your milk to start flowing. Your body is already used to your milk letting down for your nursing baby, so by pumping while nursing, you are helping your body get used to letting down for the pump also.
- Nursing your baby at the same time you are pumping means you are more likely to get the most let-downs during the feeding and more milk to store.
- Milk supply is higher in the morning, so your baby will get a good feed even though you are pumping milk at the same time.



gettyimages
Credit: Emilija Manevska

- If you did take milk the baby usually drinks, he/she has the rest of the day to nurse more frequently and make up for the missing milk, which will then increase your milk supply over the next couple of days.

After the milk stops flowing with the pump, you can stop pumping on that side (usually 10-15 minutes) and let baby finish nursing on the pumped side. If you plan to feed that milk to the baby within 4 hours, you can leave it on the counter in a clean, untouched appropriate breast milk storage container. If you plan to feed the milk to your baby within 4 days, you can store it in the refrigerator. If it will be longer than 4 days, store it in the freezer. Milk should be stored in breast milk collection bags, glass breast milk storage containers or BPA-free plastic containers. If you use collection bags, you can lay the bags flat to freeze, then stack them up for storage. You can store breast milk in the back of the freezer for 3-6 months.

Pumping at work

It is important to breastfeed as much as possible during the time when you are with your baby. Allow your baby to continue to breastfeed at night, and keep baby close to ensure as much sleep as possible. Breastfeeding will remain the best way to keep your milk supply up, so it is important to exclusively breastfeed your baby before you go to work, as soon as you get home and on your days off.

If you work consecutive days, you can feed your baby thawed, frozen milk the first day and fresh milk you pumped at work the next day. Always feed your baby fresh milk if available first, then frozen. If frozen, use the oldest date first.

Considerations for pumping while at work or if you feel your supply is too low:

- Consider how often you are pumping. Remember, milk needs to be removed for your body to know that it should keep making it. Ideally, try to pump as often as your baby eats or every three hours. If that is not possible, at least pump frequently enough to avoid feeling full or engorged. For many women working an eight-hour shift, this could be as little as two times per work day.
- If your job is stressful, do your best to make a pumping routine and try to relax. Pump in the same place; do some deep breathing exercises; listen to music or recorded sounds of your baby; look at pictures of your baby; and/or bring a toy or piece of clothing that smells like your baby. The more relaxed you are, the easier your milk will flow.
- Consider if your baby may be being overfed by the care provider. A baby may finish an alternative feeding faster than a breastfeed so he/she may still appear to be hungry when the feed is over. Suggest the care provider play with your baby or distract them for 5-10 minutes after finishing a feed to see if they are truly hungry.

- Consider taking your baby to a lactation consultant to do a test weight. Your baby will be weighed before and after a breastfeeding. This can give you an indication of how much your baby eats during a breastfeed.

It is very hard to be a working mother and to be separated from your baby. Working moms who continue to breastfeed get to enjoy the unique bonding that goes with breastfeeding as well as pass on the immune benefits so important to a baby in a daycare setting. Cherish this time with your baby; although it can be exhausting, it will be over before you know it!

Breast care

Engorgement comfort measures

- Place warm washcloths on your breasts before feeding and do some gentle breast massage.
- Try the reverse pressure softening technique. Place gentle pressure around your nipple toward your chest wall with your fingers for 1-2 minutes. This will bring the swelling away from the nipple and will also stimulate your milk to let down.
- Try to feed your baby. If your baby will not or is unable to feed, use a breast pump or hand to express your milk.
- Apply cold compresses after feeding. A bag of frozen veggies wrapped in a thin cloth works well.
- If the above measures do not work, you can place clean cool leaves of cabbage in your bra for 20 minutes. Only do this 3-4 times in a 24-hour period.
- If you develop a fever accompanied by a red/hardened area on your breast, call your OB or midwife as soon as possible as this maybe signs of an infection.



Nipple pain

Normal nipple pain may occur with baby's initial latch, but should ease off within the first minute and should not last or worsen during the feeding. The best way to prevent and/or minimize nipple pain is to achieve a deep latch. If pain persists longer than one minute after your baby latches on, see if your nipple looks pinched or like a new tube of lipstick. If it does look pinched, this is a sign that your baby has a shallow latch. Break your baby's latch by placing a finger in baby's mouth between his/her gums. Baby should be removed and re-latched with a deeper latch using a hands-on position like cross-cradle or football hold.

Your nipple should look full, round and elongated after breastfeeding. This is an indication that your baby is latching on correctly for feedings.

Nipple pain comfort measures

- Hand-express colostrum after feedings and rub on nipples.
- Allow nipples to air dry.
- Use lanolin if desired.
- If you are experiencing severe discomfort or irritation with clothing, you may choose to use breast shells to promote air-drying and keep clothes off of nipples.
- Some women find hydrogel pads provide relief and healing.

Florida WIC

Florida WIC Program

Website: floridahealth.gov/%5C/programs-and-services/wic/contact-info.html

Phone: 1-800-342-3556

Bay

Panama City
850-872-4666

Calhoun

Blountstown
850-674-5645

Escambia

Pensacola
850-595-6500

Gulf

Port St. Joe
850-872-4666

Gulf County

Call 800-342-3556
for appointments

Holmes

Bonifay
850-547-8500

Jackson

Marianna
850-526-2412

Okaloosa

Crestview
850-689-7858/850-603-6509

Fort Walton

850-833-9254

Port St. Joe

Florida Department of Health
in Gulf County

Santa Rosa

Milton
850-564-2272

Walton

DeFuniak Springs
850-892-8020

Washington

Chipley
850-638-6240

Wewahitchka

Florida Department of Health
in Gulf County

Alabama WIC

Baldwin

Foley
251-943-7260

Covington

Andalusia
334-222-1175

Houston

Dothan
334-678-2800

La Leche League groups

LLL 24 Hour Helpline

877-4LALECHE/877-452-5324

Find your local La Leche Leaders
and meetings by going to llusa.org.
Please call 850-366-8287 or email a
Leader with breastfeeding questions
at pensacollla@gmail.com.

Pump rentals

Pensacola

Storkland
850-478-2633

Baptist Health Care
448-227-3001

Fairhope, Alabama

Bay Home Medical Services
251-990-3941

Online resources

International Breastfeeding Centre

ibconline.ca

Kelly Mom — Parenting and Breastfeeding

kellymom.com

Stanford University — School of Medicine

[newborns.stanford.edu/
breastfeeding](http://newborns.stanford.edu/breastfeeding)

US Dept. of Health and Human Services

[womenshealth.gov/
breastfeeding](http://womenshealth.gov/breastfeeding)

Infant Risk Center

mommymeds.com



Ascension Sacred Heart

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Ascension Sacred Heart Hospital Pensacola
Maternity and Women's Center
5153 N. Ninth Ave., Suite 607
Pensacola, FL 32504
850-416-6378

Lactation services

Warm Line: 850-416-8088

Private consultants

Appointments: 850-416-6378 (NEST)