

A DAD'S GUIDE TO LACTATION



Dads make a difference!

A guide to what dads should know about how often babies eat, what happens during the first few feedings, and more.

WHAT ARE THE BENEFITS?

- Human milk is rich in nutrients, enzymes, growth factors, and antibodies to protect your baby.
- It helps digestion. It may lower baby's risk of ear infections, asthma, diarrhea, vomiting, childhood obesity, and more.
- Breast/chestfeeding also saves time and money. babies who are fed human milk may be sick less often, which may keep your family's health costs low.
- Also, the milk is ready to go whenever your baby is hungry. That means, day or night, there is no formula to measure and mix.

The First Few Days at Home...



In the first few days at home, it will seem like all you're doing is caring for your baby. As your milk transitions from colostrum to mature milk, your baby should nurse early and often—about 8–12 times every 24 hours. Since babies don't feed on a schedule, it's best to watch your baby for hunger signs and not the clock.

You can see if your baby is getting plenty of milk by tracking the color, texture, and frequency of poops and wet diapers. If it seems like your baby is too sleepy to eat, not making enough wet or dirty diapers, or isn't eating at least 8 times a day, talk to your baby's doctor.

In the first week or two at home, your baby may go through a period of rapid growth, referred to as a growth spurt. If this occurs, your baby will need to eat more often—probably every hour. If you're worried about milk supply, just follow your baby's lead. Your body will adjust to baby's needs.

Remember, while this seems like a lot, it's only temporary. Asking your family and friends for support can help you get through it. They can change diapers, run errands, and snuggle with your baby while you get some rest. That way you only need to focus on feeding your baby.

WWW.BREASTFEEDINGNM.ORG

SIGNS YOUR BABY IS HUNGRY

Watch for these signs that your baby is hungry, and then feed baby right away:

- Fists moving to mouth.
- Head turning to look for the nipple.
- Becoming more alert and active.
- Sucking on hands or lip smacking.
- Opening and closing mouth.

Many parents think crying is the only sign that their baby is hungry. But, it's actually a sign of distress. Hungry babies will show signs of hunger before they begin to cry. Responding early to your baby's hunger signs may help prevent them from crying. Once baby is crying, it can be harder to latch.

SIGNS YOUR BABY IS FULL

It's important to let your baby nurse until they're full. Some signs that babies are done eating are:

- Baby releases or "falls off" your breast/chest.
- Baby turns away from your nipple.
- Baby relaxes their body and opens their fists.

If your baby finishes eating on one side and seems full, try burping your baby and changing their diaper (if needed), then offer the other side. If your baby doesn't seem interested or doesn't want to latch, they may not be hungry anymore. Some babies may eat from both sides at every feeding, while others may only eat from one side.

WHAT YOU NEED TO KNOW ABOUT LACTATION:

HOW MUCH MILK DOES MY BABY NEED?

It doesn't take much to fill up your baby. At birth, your baby's tummy is no bigger than a toy marble (about 1-2 teaspoons). By day 10, your baby's stomach grows to the size of a ping-pong ball (about 2 ounces).

How much milk your baby needs will go up and down as baby grows, and your partner's body will adjust to those changes. During a growth spurt, your baby might want to nurse more often or for longer. Your partner may need a little extra encouragement during this time.

How big is a newborn's stomach?



HOW DO I KNOW IF BABY IS GETTING ENOUGH MILK?



Watching your baby's diapers is one of the ways to tell if your baby is getting enough milk. The color, texture, and frequency of poops and wet diapers will tell you a lot. Changing diapers is also a great way to support your partner.

Other signs that your baby is getting enough milk:

- You can hear or see your baby swallowing.
- Your baby seems happy after feedings, with relaxed hands and feet.
- Your baby is growing and gaining weight. Your health care provider or WIC breastfeeding staff can check your baby's weight gain.



WHY IS SKIN-TO-SKIN IMPORTANT?

Keep your baby skin to skin as much as possible. Even though you aren't the one breastfeeding, it's one of the best things you can do to feel connected to your baby. It also helps your baby adjust to the outside world and makes baby feel calm and comforted.

FINDING SUPPORT

If your partner is having trouble with lactation, be an advocate. Ask the hospital staff or midwives for help. Talk with a lactation consultant who can look at how your baby is positioned and latching. This can help make nursing easier and more comfortable. While your partner and baby get used to feeding sessions, give as much encouragement and help as you can. Tell your partner you're proud of them. Pick up their favorite meal, and limit visitors so that they can rest and focus on feeding baby.



LACTATION IN PUBLIC IS PROTECTED BY LAW.

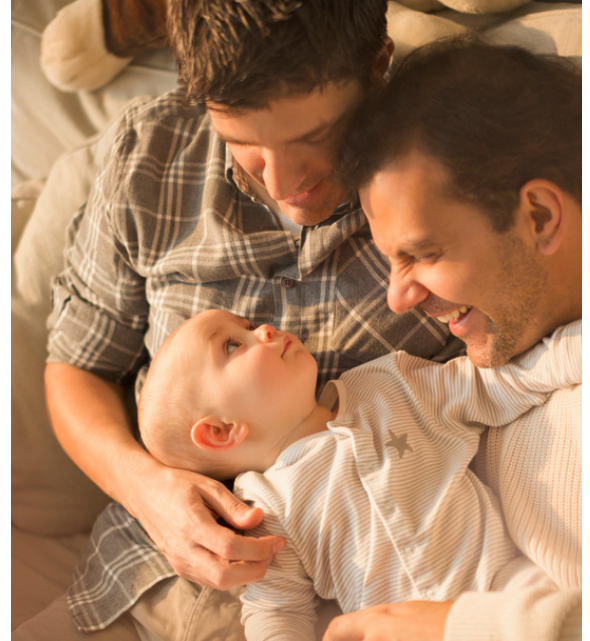
Lactation in public is 100% okay. Babies should eat whenever they get hungry, no matter where they may be. Both New Mexico and federal law recognize that nursing is good for parents, baby, and society. Parents can legally nurse in public in every state, including NM!

LACTATION OPTIONS & STRATEGIES FOR LGBTQ+ PARENTS

Gay Parents

When two cisgender gay men choose to have a baby, either through adoption or surrogacy, they will be bottle feeding. But that doesn't necessarily mean feeding infant formula. There are many options to bottle feed human breastmilk from surrogates or a donor, to name two.

Surrogate Milk: Couples who create their family with a surrogate often include lactation, pumping and the provision of human milk in their contracts. This lets baby receive milk that's full of beneficial hormones and antibodies and made to meet baby's individual nutritional and immunological needs.



Banked Donor Milk: The Human Milk Bank Association of North America is non-profit milk banks in the US and Canada that accept milk from donors who have been screened for risk factors and blood-borne diseases. Donated milk is tested and pasteurized before distribution. Milk banks primarily provide donor milk to hospitals, but they also provide milk for babies at home who have certain medical or feeding issues. Banked donor milk is a scarce resource so it's not usually available to healthy adopted babies, but there are some exceptions. Due to its scarcity and cost incurred with screening and processing, it's not cheap. Learn more at <https://mothersmilkbanknm.org>

Informal Donor Milk Sharing: Some families choose to use donor milk because of the significant health benefits of human milk. Networks such as Eats on Feets, and Human Milk 4 Human Babies are one way families connect with donated milk. Remember: selling or purchasing human milk is against the law in the U.S. and it is always important to practice consent and health screening when sharing milk with others.

Source: <https://www.health4mom.org/lactation-options-strategies-for-lgbtq-person>

Transgender Parents

Transgender mothers and fathers can make milk and feed their babies, just like cisgender women can. Both men and women have breast tissue—just add a functional pituitary gland. This process can be incredibly empowering and affirming for transgender parents; it can create feelings of gender dysphoria for others. Only you can decide what is right for you or your family.



- **Transgender Fathers:** Transgender men who choose to gestate and give birth may also choose to chest-feed/nurse their babies as the process is usually biological and physiologically normal. Transgender fathers who haven't been pregnant may also choose to induce lactation. In doing so, transgender fathers may experience breast tissue growth and swelling, both during pregnancy and the postpartum period, as their mammary glands begin lactating. Avoid binding during this process, especially after your milk "comes in" during the postpartum period, as this can lead to plugged milk ducts, mastitis, and a lot of pain and potentially, infection. Even if you have previously had surgery, you will likely still experience mammary growth, estrogen, progesterone, and prolactin will be busy doing their jobs. This may create feelings of gender dysphoria, particularly among men who never felt comfortable having breasts. Those feelings are OK! This is where lots of support and self-awareness are key. How much milk you make will depend in part on biology and technique, as well as whether you've had top surgery. If you've had this surgery, your milk production may be limited by the extent of glandular tissue that was removed. Still, regarding human milk feeding, every drop counts! Consider working with an LGBTQ-informed International Board Certified Lactation Consultant (IBCLC) at ilca.org to maximize your success.

- **Transgender Mothers:** There have been remarkable breakthroughs on lactation for transgender women. It's important to work closely with both an LGBTQ-informed endocrinologist and an IBCLC regarding which lactation induction method may work best for you, and success varies from woman to woman, depending largely on how completely developed a woman's breasts are before she begins the process of inducing lactation. In addition, gender affirming breast surgery is not required, and may make lactation more difficult for some people.

Source: <https://www.health4mom.org/lactation-options-strategies-for-lgbtq-persons/>



WAYS TO PARTICIPATE IN LACTATION & SUPPORT YOUR PARTNER

- **Be Prepared:** Prepare for lactation by reading about it and learning all you can. Find out how human milk benefits your baby, your partner, and your family. Sign up for a lactation class with your partner, buy a few books or borrow them from your local library, go online to find out all the information you can, and go to the doctor with your partner. The more you know about, the more you will be able to help your partner.
- **Be Available:** When your partner is feeding baby, be an pair of hands — offer to bring a glass of water or another pillow if one is needed. For night feeds, you can bring your baby to your partner in bed. After the feed, take your child for a burp and diaper change, and settle them back to sleep if necessary. This will be a big help to your partner, even if you only do it for some night feeds, or on some nights.
- **Be Caring and Thoughtful:** Ask if there is anything you can do. When they are feeling comfortable and relaxed, it will help the milk to let down. If you stay to keep your partner company, you can have an enjoyable conversation with while you help to keep the baby awake for the feeding.
- **Be Patient:** if your partner doesn't feel like being intimate with you, they might feel all 'touched out' if they are feeding, carrying and settling a baby many times a day.

THE DECISION TO FEED BABY HUMAN MILK & RETURN TO WORK/SCHOOL

New Mexico laws protect the right of lactating parents to safely, privately, and sanitarly express milk at the worksite. But a partners support has a significant impact on decisions to continue feeding baby human milk when returning to work. Studies have shown that a partner's initial support of the choice to nurse and encouragement to use the lactation room and milk expression breaks were significant predictors of the intention to continue to nurse after returning to work. If your partner's workplace offers an opportunity to be included in return-to-work lactation education or activities, participate.

Remember, we are here to help support you and your family when needed.



New Mexico
Breastfeeding Task Force

New Mexico FATHER'S LACTATION Resource Guide

FATHERING RESOURCES:

Fathers NM

<https://www.fathersnewmexico.org>

Reel Fathers

<https://www.reelfathers.org/overview>

Fatherhood Program – Las Cumbres Community Services

<https://www.grglccs.lascumbres-nm.org/fatherhood>

Conscious Fathering Program of Southern New Mexico

<https://www.facebook.com/ConsciousFatheringProgramSNM/>

NAPPR

<http://www.nappr.org/>

Transgender Resource Center of NM

<https://tgrcnm.org/>

Fathers Building Futures

<https://fathersbuildingfutures.org/>

Parents Reaching Out

<https://parentsreachingout.org>

Abq Dads Group

<https://www.meetup.com/ABQDadsGroup/>

ADDITIONAL RESOURCES

To Find Information on COVID-19 & Lactation
COVID-19 Resource Guide

<https://nmbtf.silkstart.com/cpages/covid-19-resources>

For Information on Milk & Medication

INFANT RISK CENTER

infantrisk.com

1.806.352.2519

LA LECHE LEAGUE NM WARM LINE

1.505.886.1223

9am–7pm daily

To Find a Lactation Professional

ZIPMILK.COM

For Workplace Support

PREGNANT @ WORK

pregnantatwork.org

1.415.703.8276

POSTPARTUM SUPPORT INTERNATIONAL

postpartum.net

1.800.944.4773

For More Information on NM Milk Bank

Human Milk Repository of New Mexico

<https://mothersmilkbanknm.org>

505.508.5291

THE LAW STATES:

AN EMPLOYER SHALL PROVIDE NURSING EMPLOYEES WITH: SPACE FOR USING THE BREAST PUMP THAT IS CLEAN AND PRIVATE NEAR THE EMPLOYEE'S WORKSPACE NOT A BATHROOM AND PROVIDE FLEXIBLE BREAK TIMES
– NM CHAPTER NO. 2007-18

FOR WORKPLACE SUPPORT:

NMBTF PROVIDES DIRECT SUPPORT FOR EMPLOYEES AND EMPLOYERS TO HELP WORKPLACES BE COMPLIANT IN PROVIDING LACTATION ACCOMMODATIONS. FOR MORE INFORMATION EMAIL:

CONTACT@BREASTFEEDINGNM.ORG

FOR MORE SUPPORT:

**New Mexico Breastfeeding
Task Force**

www.breastfeedingnm.org