

Birth & Breastfeeding

Parts 1 & 2

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- [Doula Directory](#)
- [DONA Directory](#)
- [How Doulas Support You](#)
- [Hospital Midwife Directory](#)
- [Eating & Drinking in Labor](#)
- [Induction and Breastfeeding](#)
- [More on Induction](#)
- [Dancing for Birth](#)
- [Spinning Babies](#)
- [Miles Circuit](#)
- [Hypnobirthing Breathing Techniques](#)

Part 2

- [Slow Breathing for Relaxation During Labor](#)
- [Double Hip Squeeze](#)
- [How to Keep Your Body Moving with an Epidural](#)
- [Birth Positions](#)
- [Breast Crawl](#)
- [Cord Blood Banks](#)
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Birth and Breastfeeding

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Birth & Breastfeeding Part I

CLASS NOTES

The Prep Work

- **Informed Consent**
 - You are an active partner in decisions about your care.
 - Your healthcare team gives you the information you need to understand your options.
 - You never feel pressured or rushed into accepting any intervention.
 - Saying “yes” to one intervention does not mean that you’ve agreed to others.
 - You can change your mind or withdraw consent at any time.
- The B.R.A.I.N acronym is a simple but powerful tool to help you make thoughtful, informed decisions
 - **Benefits:** What are the possible benefits of this decision?
 - **Risks:** What are the possible risks?
 - **Alternatives:** Are there other options?
 - **Intuition:** How do I feel about this? What does my "gut" say?
 - **Nothing:** What happens if I do nothing or wait?

Coordinating Your Support Team

- Research shows that mothers who have continuous support during labor are more likely to have positive birth outcomes and experiences.

Coordinating Your Support Team

Choosing a Provider: OB/GYN, Midwife, Pediatrician

- Choose the provider(s) you trust and feel comfortable with.
- Some things to consider include:
 - Your health needs- high-risk factors may require an OB/GYN
 - Location of care- Decide whether you prefer hospital, birth center, or home birth settings.
 - Accessibility- Check office hours, call coverage, and how easy it is to get appointments or reach them.
 - Philosophy of care- Ask about their views on interventions (inductions, epidurals, cesarean rates).
 - Back-up plan- Ask about collaboration with other providers
 - Lactation support- Ask about their approach to breastfeeding support

The Role of a Doula

- A doula is a **trained birth professional** who works alongside you, your partner, and your medical team by:
 - Offering hands-on comfort measures and emotional reassurance
 - Supporting your partner by giving them breaks to rest or eat
 - Providing guidance if labor becomes intense or takes an unexpected turn
 - Helping you weigh options, discuss alternatives, and understand interventions
 - Advocating for you during conversations with your care team

Affording a Doula

- Access to doula care often is available through:
 - Health Insurance, Medicaid programs, HSA/FSA/MRA
 - Sliding Scale, Payment Plans, Barter or Trade
 - Volunteer Doula Programs or Student Doulas
- Search for certified doulas through national directories like **DONA International**, **Doula Match**



Building Your Birth Plan

A well-crafted birth plan can:

- Help you advocate for the care and support you want
- Spark important conversations ahead of time
- Serve as a reminder of your goals and priorities

It's also important to recognize that:

- Your birth may unfold differently than planned
- Not all providers or facilities regularly use birth plans, and responses may vary
- A birth plan is a communication tool, not a substitute for open, ongoing dialogue
- You may still need to speak up and advocate for your wishes, even with a written plan

Birth Plan Appointments

- You can schedule personalized appointments with one of our experienced providers.
- Appointments give you and your partner time to ask questions, explore your choices, and put your values into clear, confident language.

Due Dates & Expectations

- Here's what the research shows:
 - Only about 5% of babies are born on their exact estimated due date.
 - For first-time moms (without induction), the average arrival is about 8 days after the due date – that's 41 weeks and 1 day.
 - 50% of pregnancies go past 40 weeks + 5 days.
 - 25% go past 41 weeks + 3 days.
 - 10% go past 42 weeks.
- Those final days or weeks can feel long, but they're often part of a normal, healthy pregnancy.



Prenatal Interventions

Let's look at some of the common prenatal interventions and how they can influence not only your birth experience, but also the early days of breastfeeding.

Group B Streptococcus (GBS) Screening

- In the U.S.,
 - **Recommended** routine **screening for Group B Streptococcus** (GBS) between 36–37 weeks using a quick vaginal and rectal swab.
 - GBS: common bacteria found in the vagina and rectum of healthy adults.
 - During birth, GBS can sometimes be passed to the baby. In rare cases, this can cause serious infections.
 - A healthy microbiome in pregnancy, **especially in the third trimester**, may reduce your chance of testing positive.
 - **Recent research**, like the PIP (**Probiotics in Pregnancy**) Study, suggests certain probiotic strains may lower GBS colonization levels.
 - Since the U.S. adopted universal screening and treatment in 2002, the rate of early-onset GBS disease has **dropped 80-90%**.

If Antibiotics are Needed

- Sometimes antibiotics are needed during pregnancy or labor, such as for GBS or other infections.
- Antibiotics can lead to yeast overgrowth as a vaginal yeast infection or breastfeeding condition called thrush.
- **Signs of thrush**
 - For mothers: red, shiny, flaky, or itchy nipples; burning or shooting pain during or after feedings; and deep breast pain.
 - For babies: white patches inside the cheeks, gums, or tongue that don't easily wipe off; fussiness or discomfort during feeds.
 - If you or your baby develop signs of thrush, reach out to your healthcare provider, pediatrician, and lactation consultant.

Cervical Checks

- Your provider or nurse gently inserts gloved fingers into your vaginal canal to feel your cervix and your baby's position.
 - **DILATION:** how open your cervix is.
 - **EFFACEMENT:** how soft your cervix is.
 - **STATION:** how low your baby's head is.
- They cannot predict when labor will start, can be uncomfortable, and not very precise. Repeated checks can increase infection risk. They should only be done with your clear, verbal, informed consent.

Stripping Membranes/ Membrane Sweep

- A procedure where your provider inserts a finger into your cervix during a cervical check and gently separates the amniotic sac (membranes) from the wall of the uterus to help soften the cervix and encourage labor to begin soon.
 - It doesn't guarantee that labor will start, but it may increase the chance
 - It may cause discomfort, spotting, or irregular contractions and can be emotionally intense or physically painful
 - It's less invasive than a full medical induction, but it is an intervention – and you get to decide whether it's right for you.

The Induction Discussion

Induction can be:

- **Medically necessary:** for health concerns such as high blood pressure, low amniotic fluid, or risks to the baby's or mother's well-being.
- **Preventive or precautionary:** suggestions for induction around **39 weeks** to lower the chance of complications possible later in pregnancy, even if things are currently healthy.
- **Elective:** For personal reasons, like scheduling around work or family plans.



The Induction Discussion

Common methods include:

- **Prostaglandin medication—Cytotec and Cervidil:** taken orally or placed near the cervix and helps to soften or “ripen” it
- **Pitocin (synthetic oxytocin):** by IV to stimulate contractions
 - Dosage can be adjusted if needed.
- **Foley Bulb:** A small balloon inserted into the cervix and gently inflated to encourage dilation without medications.

Early breastfeeding considerations: Some research suggests Pitocin may slightly affect breastfeeding initiation or exclusive breastfeeding rates in the first few months. With support, many parents breastfeed successfully.

Augmentation

Means giving your labor a boost when it has already started but has either stalled or isn't moving along as quickly as expected.

- **Pitocin:** to augment labor is used the same as it is during an induction.
- **Amniotomy also called (Breaking the Waters):**
 - The provider uses a hook-like instrument to break the amniotic sac.
 - Your amniotic fluid drains out and your baby's head then presses more directly on the cervix.
 - This pressure encourages your cervix to open and thin out, which can speed up the progress of labor.

The Induction Discussion

Alternatives and Supportive Strategies

If induction or augmentation is being considered and there's no urgent medical need, consider:

- **Walking and Upright Movement:** Changing positions can support labor progress.
- **Nipple Stimulation:** Gentle stimulation, hand expression, or using a breast pump can release natural oxytocin.
- **Sexual Activity:** Semen contains prostaglandins that may help soften the cervix, and orgasm can sometimes trigger contractions.
- **Spinning Babies Techniques:** Movements and positions optimize baby's position and help labor progress more smoothly.
- **Acupuncture, acupressure, or reflexology:** may promote relaxation and balance and support your body's readiness for labor.
- **Chiropractic Care:** Webster-certified chiropractors may help optimize pelvic alignment and support fetal positioning.

What to Expect in Labor

Three Stages of Labor

Labor generally follows a natural progression through three main stages:

- **Stage 1:** Your cervix softens, thins, and opens (dilates) to 10 centimeters. This stage has three phases called early labor, active labor, and transition.
- **Stage 2:** Once your cervix is fully open, you'll push and deliver your baby.
- **Stage 3:** After your baby is born, your body will release the placenta, completing the birth process.

Preterm Labor (Before 37 Weeks)

Contractions—or other signs of early labor—before 37 weeks may signal preterm labor.

- it's important to reach out to your provider right away.



What to Expect in Labor

Early Labor

“Is this the start of labor... or just more practice?”

- **Braxton Hicks Contractions** (Practice)
 - Last for less than 30 seconds
 - Subside with rest
 - Irregular pattern
 - Mostly felt in front
- **Labor Contractions** (The Real Thing)
 - Last for more than 45-60 seconds
 - More intense when lying down
 - Develop a regular pattern
 - Get closer together
 - Often felt in lower back

Early Labor Environment

Feeling safe and supported helps your body naturally release **powerful hormones** like oxytocin and endorphins. This can help labor progress more smoothly and can even reduce the intensity of contractions.

Here's why:

- Home is familiar.
- You can eat, rest, and move freely.
- Fewer interruptions mean your body can stay in its hormonal rhythm.

Statistically, entering the hospital in **early labor increases the chance** of experiencing **medical interventions**.

Your body needs energy for what's ahead.

- Nap, take short walks, eat nourishing meals, and stay hydrated
- Cuddle with your partner, watch a movie, or take a warm bath
- Try not to time every contraction—trust that your body is preparing



What to Expect in Labor

How to Time Contractions

- **Ways to time contractions:**
 - Using a timing app (many are free and easy to use)
 - Pen and paper (note the start and end times of each contraction for 30–60 minutes)
 - Your partner or support person's phone clock – so you can stay focused
- **What to track:**
 - Frequency: From the start of one contraction to the start of the next
 - Duration: How long each one lasts from start to finish

Partner Tip: You don't need perfect data—just a clear picture of the pattern. You're looking for contractions that are getting longer, stronger, and closer together over time.

The 4-1-1 Rule

One common sign that you're moving from early to active labor is the 4-1-1 pattern.

- Contractions are 4 minutes apart
- Each one lasts at least 1 minute
- This pattern has been steady for 1 full hour

Once you notice this pattern:

- Continue timing for another 30 minutes to confirm it's consistent.
- If contractions fade or slow down, take a break and check again later.
- If the pattern continues, it's usually time to call your provider and follow your birth plan.



When to Head to the Hospital or Birth Center

Every provider has different guidelines for when they want you to come in. Your plan may also depend on:

- Distance and traffic between home and hospital
- Whether you're planning any specific medications or monitoring
- Your support person's schedule
- The speed of your previous labors (if this isn't your first)

Be sure to talk with your provider ahead of time about their preferences and when to notify them.

False Alarms

If you're unsure whether you're in active labor:

- First try to get in touch with your provider
- If not possible, go to the hospital to be checked

You may be admitted to monitor your contractions and baby's heart rate, and check your cervix. Your care team will help you decide whether to stay or go back home to continue early labor in the comfort of your own space.

Birth is about bringing your baby into the world safely, and breastfeeding is about nourishing and connecting with them in a way that works best for you and your baby. You don't have to do it alone—lean on your support system, your providers, and lactation resources.

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Birth & Breastfeeding Part 2

CLASS NOTES

Stage 1: At the Hospital

In hospitals and birth centers, a variety of interventions may be offered to help manage labor, support you and your baby, or address common situations.

IV Fluids

Recommended to prevent or treat dehydration or to support the administration of medications.

- **Things to Consider:**
 - IV pole use may limit your ability to walk, sway, or change positions.
 - Harder to use the shower or tub with an IV
- **Alternatives:**
 - Stay hydrated, consider a saline lock, delay IV until closer to pushing, declining IV.
- **Questions You Can Ask:**
 - Is a saline lock an option instead of continuous fluids?
 - Can fluids be paused so I can use the shower or tub?
 - What are the risks of declining an IV right now?

Electronic Fetal Monitoring (EMF)

Tracks your baby's heart rate and monitors contractions to detect signs of distress and guide decisions during labor – especially when labor is induced or augmented, or if any risk factors are present.

- **External**
 - **Wired**
 - Often used on a 20-minutes-on / 40-minutes-off cycle in low-risk labors
 - Movement may be limited while connected
 - **Wireless**
 - A sensor sticks to your belly and transmits data via Bluetooth
 - Allows more freedom to move, walk, or use the shower/tub (depending on hospital policies)



Electronic Fetal Monitoring (EMF)

- **Internal**
 - More accurate data when needed but more invasive. Generally reserved for specific medical situations.
 - Carries slightly increased risk of infection
 - Fetal Scalp Electrode (FSE): A small wire is attached to your baby's scalp (after the water has broken) to get a direct reading of heart rate.
 - Intrauterine Pressure Catheter (IUPC): A thin tube is inserted into the uterus to measure the strength of your contractions
- **Things to Consider:**
 - Limited movement can slow labor progress or make coping with contractions more difficult.
 - Try adjusting often, tilting to the side, sitting upright, or even using a birth ball.
 - Lying flat on your back is usually the least effective and most uncomfortable position, so ask about upright or side-lying options.
 - Low Risk Births:
 - Routine continuous monitoring has not been shown to improve outcomes.
 - May be recommended for Higher-risk conditions: preeclampsia, type 1 diabetes, preterm birth, and suspected intrauterine fetal growth restriction.
 - Beeping and alarms may be distracting or stressful. Ask for the volume to be turned down.
- **Alternative:**
 - "Hands-on listening" using a handheld doppler has been shown to reduce the risk of cesarean births in low-risk labors.



Pain During Labor

Labor pain is a normal part of the birth process. How you experience it can be influenced by many factors:

- Are you lying down, walking, moving?
- Strength and frequency of contractions
- Longer labors can lead to fatigue making coping harder.
- How quickly the cervix dilates and effaces affects the intensity of sensations.
- Endurance, flexibility, and any underlying conditions can influence comfort.
- Anxiety, fear, or feeling unsupported can heighten pain, while relaxation and confidence can ease it.
- Support system encouragement can improve coping and reduce discomfort.
- An environment that is calm, safe, and supportive helps.
- Cultural and personal beliefs about birth and pain.
- Pitocin can cause stronger contractions

Natural Pain Relievers

- Walk, sway, squat, dance, or rock on a birth ball.
- Music and singing can help block out distractions and calm your mind.
- Breathing & Relaxation Techniques: Lamaze, patterned breathing, mindfulness, and Bradley Method exercises can give you rhythm and focus.
- Meditation or Hypnosis: Tools like HypnoBirthing help reframe how you experience contractions.
- Faith, prayer, guided imagery or visualization brings grounding and strength.
- TENS device: applies low-voltage electrical stimulation to reduce discomfort.
- Continuous partner and doula support has been shown to reduce the need for pain medications and increase overall satisfaction with birth.

Common Labor Pain Medications

Choosing medication does not mean you have failed – it's one of the tools available to help you have a safe, positive birth experience.

- **Nitrous Oxide:** ("Laughing Gas") short-acting, quick relief without affecting muscle control, so you can still move, change positions, and push.
- **Opioid Pain Medications:** Typically given through an IV or small injection
 - Helps alleviate pain or reduce feelings of stress, but can make mother sleepy and nauseous
 - Can cross the placenta and may temporarily affect the baby's alertness, rooting, and sucking reflex for up to about 36 hours after birth



Common Labor Pain Medications

- **Epidural:** involves placing a small catheter in the lower back to deliver medication throughout labor
 - Ideal timing: once you enter an active labor pattern
 - Generally excellent pain relief, but reduces sensation, which may make pushing challenging
 - Some studies found a higher incidence of assisted vaginal delivery with epidural use
 - Can contribute to more excessive swelling and breast engorgement, which may make latching more difficult in the early days.
 - Rare risk of spinal headache
- **Spinal Block**
 - A single-shot dose of medication in the lower back for pain relief
 - Works quickly and typically lasts about 1–2 hours.
 - Common temporary side effects can include itching or shivering.

Transition (8–10 cm)

At the end of Stage 1:

- Contractions may come every 2–3 minutes and last up to 90 seconds. You might feel strong rectal pressure, nausea, shaking, or hot and cold flashes.
- It's completely normal to think, "I can't do this anymore." Many of us feel like giving up at this stage – it often means you're almost ready to push!

Stage 2: Pushing and Birth

Once fully dilated, your baby moves down the birth canal. It's natural to grunt, groan, or instinctively push – follow your body's lead and ask your partner, nurse, or doula for support, if needed.

Tips for Pushing Stage:

- **Environment:** Dim lighting, calm music, and minimal interruptions
- **Labor Down:** If the urge to push isn't immediate, take some time to rest. Allow your baby to descend more.
- **Upright Positions:** Squatting, hands-and-knees, or semi-reclined positions help baby move down.
- **Bathroom/Toilet Break:** Sit on the toilet or lean forward over a shower bar for the baby to descend and offer privacy and rest.
- **Epidural Considerations:** If you have an epidural, work with the care team to help find positions that support effective pushing. Sometimes adjusting the epidural dosing can help you regain sensation.



Assisted Vaginal Birth

Considered a last step to help deliver the baby vaginally before a cesarean becomes necessary. Your provider should explain the plan and get your consent before using any instruments.

- **How It's Done**

- Vacuum: A suction cup placed on the baby's scalp to help guide the birth
- Forceps: Flat, tong-like blades gently placed on either side of the baby's head to guide them out

- **Things to Consider:**

- While these tools can help deliver your baby safely, they may also cause:
 - Temporary discomfort or bruising for you or your baby
 - Higher chance of tearing or episiotomy
 - Minor bruising or swelling on the baby's head can increase the risk of jaundice
 - Rarely, temporary jaw or nerve issues can affect the baby's early feeding

Your Baby is Born

Uninterrupted Skin-to-Skin

Closeness helps your baby feel safe and keeps them warm during your first hello. This protected time:

- Called the “Golden Hour” for bonding and your first feedings together.
- Baby's powerful reflexes – like rooting, sucking, and stepping – guide them toward the breast during a “birth crawl,” where they often latch and feed on their own.
- Suctioning, weighing or assessments – should only be done if medically necessary.
- Even non-urgent newborn care (like eye ointment, vitamin K, or vaccines) can usually be delayed.

Delayed Cord Clamping

- This is pausing for a short time before clamping and cutting your baby's umbilical cord.
- Extra blood flows from the placenta to your baby, boosting blood volume, oxygen levels, iron stores, and stem cells that support growth and repair.
- The American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists (ACOG) recommend a delay for at least 30–60 seconds after birth.



Cord Blood Banking

A process of collecting and storing the blood left in your baby's umbilical cord and placenta after birth for valuable stem cells that may be used to treat certain medical conditions.

- There are two main types of cord blood banks:
 - Public cord blood banks accept donations. Donating is free and could help save a life.
 - Private cord blood banks store your baby's cord blood exclusively for your family use. There is an initial collection fee and ongoing annual storage costs.
- Planning ahead is important.

APGAR

It's a quick tool used to decide if your baby needs any immediate support, like extra warmth, clearing airways, or gentle stimulation to encourage breathing. Done at 1 minute and 5 minutes after birth, and sometimes repeated later if needed.

Stage 3 of Labor: Delivering the Placenta

Contractions after birth are usually much milder than active labor.

- Hold your baby skin-to-skin or breastfeed during this time
- Placenta encapsulation: This practice has become popular in recent years, but research shows no clear benefits for mood, fatigue, milk supply, or recovery. It is possible that it can also contribute to low milk supply.
- Pitocin after birth may be recommended as by IV or injection to help prevent or stop postpartum bleeding, but may interfere with your body's natural hormone flow.

Fundal Checks

- Current best practice recommendations include assessment for fundal tone, but do not include fundal massage.
- May be a bit uncomfortable, but should be performed gently and with informed consent.
- Can be performed while your baby is skin-to-skin and breastfeeding.



Gentle, family-centered Cesarean Birth

Honors the significance of the baby's birth and supports early bonding and breastfeeding.

- Dimmed lighting or calming music
- Clear or lowered drapes to see your baby being born.
- IV, blood pressure cuff, and monitor leads placed out of the way.
- Immediate skin-to-skin contact and initiation of breastfeeding.
- Delaying non-urgent medical procedures, like eye ointment or vaccines, until after "The Golden Hour."

Breastfeeding After Your Cesarean

- Extra fluids and medications can cause swelling and make both mom and baby sleepy.
- Greater blood loss can affect energy levels, recovery, and milk production in the first few days
- Pain and limited mobility make it harder to rest or find comfortable positions for feeding.
- Babies born by cesarean may be a little sleepier or slower to latch
- Mother-baby separation for even short periods can delay skin-to-skin and first feeding.
- Pain, fatigue, and stress may interfere with hormones temporarily

Seek attentive care from your healthcare team and lactation providers. Use hospital practices that keep you and your baby close to protect your breastfeeding journey and set you up for success.

Tools to Support Breastfeeding Success

Rooming-in

Sets the stage for successful breastfeeding.

- Babies breastfeed more frequently and more effectively.
- Routine screenings or exams can usually be done right in your room, so there's no need for separation.

Studies show mothers get the same amount of sleep

No Rush to Bath Your Baby

Experts recommend waiting until after the first 24 hours to give your baby a bath.

- Giving a bath too early can be stressful for your baby and may cause a drop in blood sugar or body temperature.



Feeding Frequency:

- Newborns feed often – typically 8-12 times per day. This tells your body to make more milk.
- Feed your baby “on cue” – watch for their early hunger signs like rooting, hand-to-mouth movements, or waking.
- Avoid offering pacifiers or bottles until breastfeeding is well-established.

Milk Volume:

Colostrum production begins in the second trimester.

- Nutritious and packed with antibodies
- Natural laxative to help babies pass their first sticky, tarry stools, called meconium.
- A small amount (1 teaspoon per feeding) on Day 1, increases steadily, providing everything your baby needs.

Diaper Output: What to Expect

- Keeping track of your baby’s diaper output in the first week or so is a simple way to ensure they’re getting enough milk.
- Pee & Poop Chart

Day 1	 AT LEAST 1 Wet Diaper with Pale Yellow or Clear Urine	 AT LEAST 1 Poop Diaper Black & Dark Green
Day 2	 AT LEAST 2 Wet Diapers with Pale Yellow or Clear Urine	 AT LEAST 3 Poop Diapers Black & Dark Green
Day 3	 AT LEAST 5 Wet Diapers with Pale Yellow or Clear Urine	 AT LEAST 3 Poop Diapers Brown, Green, or Yellow
Day 4	 AT LEAST 6 Wet Diapers with Pale Yellow or Clear Urine	 AT LEAST 3 Poop Diapers Seedy Yellow
Day 5 and Beyond	 AT LEAST 6 Wet Diapers with Pale Yellow or Clear Urine	 AT LEAST 3 Poop Diapers Large, Soft & Seedy Yellow



Your Hospital Stay and Recovery

Time, Rest, and Gentle Movement

- Limit visitors as needed to protect your recovery and bonding time.

Pain Management: Choose a step-wise approach to pain management.

- Take non-opioid pain relievers (like ibuprofen or acetaminophen) on a regular schedule to stay ahead of any discomfort.
- Take opioid pain medications only as needed, and ideally right after breastfeeding. This allows your body time to process the medication before the next feed.

Breastfeeding Support:

- Ask for hands-on help with positioning, and latch techniques

Engorgement Relief

- Frequent feeding is the best method of prevention.
- If your breasts feel overly full, use cold packs between feeds and anti-inflammatory medications to ease swelling and discomfort.
- If latching is difficult, try reverse pressure softening or gentle hand expression before feeding to make it easier for your baby to latch.

Nourishment

- Recovery and milk production use a lot of energy, so prioritizing balanced meals and hydration is key to feeling your best.

If Baby Needs More Support

Reach out to a Lactation Provider, especially if feeding challenges persist after leaving the hospital.

- Collect colostrum after feedings. Offering it by spoon or syringe can help minimize weight loss, reduce the risk of jaundice, and may help your milk increase sooner.
- Pump if needed, ideally within the first few hours after delivery.
- Combine pumping and hand expression. After each pump session, hand express for a few more minutes. Research shows this increases milk supply and boosts the calorie and fat content of your milk.



Emotional Recovery

Healing after birth isn't just physical. If you find yourself feeling low, anxious, or overwhelmed after birth, please reach out for support.

- A free mental health support tool we recommend is the Canopie App.
- All Aeroflow families can use the Canopie App for free using the code: **BIRTHFEED**

Six-Week Check-up

- Clear you for additional physical activities.
- Review your overall recovery.
 - Discuss referral to a pelvic floor physical therapist if desired to support core strength, healing, and comfort.
- Talk about family planning and contraception options.

Family Planning

- Research shows that most mothers who exclusively breastfeed will go at least 4–6 months without a period
- Fertility can return even before your first period
- Breastfeeding friendly options include barrier methods, the copper IUD, progestin-only hormonal contraceptives, and fertility awareness methods like Natural Family Planning.
- Combined hormonal contraceptives (estrogen + progestin) are typically not recommended during breastfeeding because estrogen can reduce milk supply.
 - Birth Control & Breastfeeding

Disclaimer: *This class is for general educational purposes only and is not a substitute for medical advice. For personalized recommendations, please consult your healthcare and/or lactation provider.*

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