

**Florida
HEALTH**



Breastfeeding Your Baby

NURTURING A LIFETIME OF HEALTH

Women, Infants, and Children Program
FLORIDA DEPARTMENT OF HEALTH
FloridaHealth.gov/WIC



Babies are Born to Breastfeed

Breastfeeding is what nature intended for mothers and babies. Breastfeeding isn't just about the milk, it can build a bond that lasts a lifetime.

Breastfeeding has a lot of health benefits for both mom and baby, such as:

- Infants who are breastfed have a lower risk of developing ear infections, asthma, lower respiratory infections, diarrhea and vomiting, childhood obesity, eczema, type 2 diabetes, childhood leukemia, and sudden infant death syndrome (SIDS).
- For mothers, breastfeeding can help you recover more quickly from childbirth. It can also reduce your risk for high blood pressure, certain breast and ovarian cancers, and type 2 diabetes. Breastfeeding may also help you lose weight after childbirth.

Pediatricians recommend that babies be fed only breastmilk for the first 6 months of life. Solid foods can be introduced at about 6 months of age.

Breastfeeding can continue until 2 years of age or beyond, as desired by mother and child.

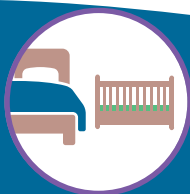


Women with HIV or AIDS should not breastfeed, as the virus can be passed to the baby through breastmilk.

If you do not know your HIV status, talk to your health care provider or visit KnowYourHIVStatus.com.

Know the **ABCs** of Safe Sleep

Alone. Back. Crib.



Give babies their own sleep space in your room, separate from your bed.



Use a firm, flat, and level sleep surface, covered only by a fitted sheet.



Remove everything from baby's sleep area, except a fitted sheet to cover the mattress.

No objects, toys, or other items.



If needed, dress in a wearable blanket to keep baby warm without blankets in the sleep area.

Make sure baby's head and face stay uncovered during sleep.



Place babies on their backs to sleep, for naps, and at night.



Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.



Phases of Breastmilk

Breast milk is one of the best things that your baby needs to grow and develop. It even changes to meet your baby's needs as he or she gets older. Breast milk is rich in vitamins, minerals, and nutrients as well as other ingredients that help your baby grow healthy and strong.

There are three phases of breast milk. Each one is vital in nourishing your baby.

Phase 1 COLOSTRUM



This is the thick first milk your breasts make while you are pregnant and just after birth. You may hear it referred to as “liquid gold” for its deep yellow color. Colostrum is so valuable for your baby it is rich in nutrients and has antibodies to protect your baby from infections. Colostrum also helps your baby's digestive system grow and work well.

Phase 2 TRANSITIONAL MILK



Transitional milk comes when mature breast milk gradually replaces colostrum. You will make transitional milk from 2-5 days after delivery, until up to 2 weeks after delivery. You may notice that your breasts become fuller and warmer and your milk slowly changes to a bluish-white color. During this time, your breast milk changes to meet your baby's nutritional needs. Nursing often and removing milk well will help with milk production.

Phase 3 MATURE MILK



About 10-15 days after birth, you start making mature milk. Like each phase of breast milk, it has all the nutrients your baby needs. The amount of fat in mature milk changes as you feed your baby. Let your baby empty your first breast before switching to the other breast during a feeding. This will help your baby get the right mix of nutrients at each feeding.



Learning About Breastfeeding

To get breastfeeding off to a good start, learn all you can about breastfeeding while you're pregnant. It may be helpful to go to breastfeeding classes or breastfeeding support group meetings. Most local county health department's WIC offices offer breastfeeding support learning opportunities.

Ask your WIC breastfeeding educator or peer counselor for information. The Strong Florida Moms website (StrongFLMoms.com) has a listing of statewide classes and support groups.

Both before and after your baby's birth, avoid the use of scented soaps, lotions, and creams, on your nipples and breasts. They are not good for your nipples. The strong odors may confuse your baby.

Check with your health care provider before taking any medications or drugs while you are pregnant or breastfeeding. Some medications may be safe to take while pregnant, while others may pose a health risk to your child.

Plan ahead for the type of birth you'd like to have, develop a plan, and provide a copy of the plan to your doctor, midwife, or labor room nurse. Tell them that you

want to be with your baby during the first hour after

birth. Tell them that you want to hold your baby close to you, skin to skin, after the baby is born. You want to spend time gazing at each other.

You also want to talk to your baby and stroke and touch your baby. Ask them not to bathe your baby or do other routine procedures until after your baby has been breastfed.

For more information about birth plans, visit StrongFLmoms.com.

Breastfeeding mothers can eat just about anything they like in reasonable amounts, including greens, beans, garlic, onions, broccoli, and pizza. Most babies are never bothered by what the mother eats.

To stay healthy, breastfeeding women should eat the same healthy foods that they ate while they were pregnant.



Breastfeeding after Birth

Though your breasts won't feel full yet, they provide just the right amount of early milk (colostrum) for your baby.

Breastfeeding in the first hour after birth is good for both you and your baby. Your baby's sucking reflex is strongest during this time. Your baby is also usually quiet and alert. This helps your baby to learn to breastfeed well. Early, uninterrupted breastfeeding also helps your baby have his or her first bowel movement faster. This decreases the chance of your baby becoming jaundiced (yellowed).

Starting breastfeeding right away helps increase your "mothering hormones" called oxytocin and prolactin. Oxytocin levels are important for milk production and foster bonding with your baby. Prolactin can increase your body's dopamine and oxytocin levels, which can also cause you to feel more relaxed and tired.

Early skin-to-skin contact and breastfeeding help you to build a strong bond with your baby and establish breastfeeding. Welcoming your baby with skin-to-skin contact keeps your baby calmer, and helps breastfeeding get off to a good start. It makes for a more confident mother.

Skin-to-skin contact triggers the baby's natural instincts to breastfeed. Give your baby frequent skin-to-skin contact both in the hospital and at home.

Skin-to-Skin Contact

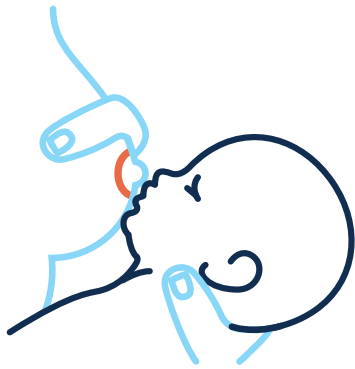
Take off all of the baby's clothes except the diaper. The front of your baby's body is placed in an upright position on the mother's bare chest between the breasts.

A blanket or gown is placed across your baby's back and the bed covers are pulled up over the mother and baby.

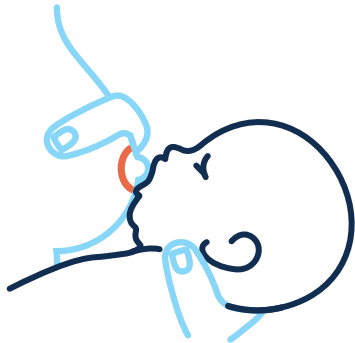
Enjoy this special bonding time with your baby – you've earned it.



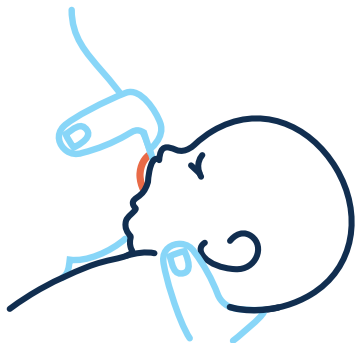
Getting a Good Latch



Tickle your baby's lips with your nipple. This will help baby open their mouth wide.



Aim your nipple just above your baby's top lip. Make sure your baby's chin isn't tucked into their chest.



Aim your baby's lower lip away from the base of your nipple. Baby's lips should be turned outward like a fish. Your baby should lead into the breast, chin first, and then latch. Your baby's tongue should be extended, and your breast should fill your baby's mouth.

The term “latch” is referred to the way the baby attaches to the breast. A good latch is important to make sure your baby gets enough milk.

Follow these steps to help your newborn latch on to your breasts:

- **Calm your baby.** Hold him or her close on your chest, skin-to-skin.
- **Let your baby lead.** If your baby is not hungry, your baby will stay curled up against you. If your baby is hungry, your baby will bob his or her head against you.
- **Support your baby's head and shoulders as he or she searches for your breast.** There should not be any pressure on the back of the baby's head from your arm or hand, or from a pillow.
- **Just before latching on, your baby's nose should be in line with your nipple.** Then your baby's chin and lower lip should touch your breast. The pressure should make your baby open his or her mouth wide and reach up and over the nipple. Your baby should get a deep latch of the breast which includes the nipple and the areola, the dark skin around your nipple.
- **Your baby is latched well if their chin is pushed in against the breast, lips are curled out wide, cheeks are rounded, and you hear swallowing.** Your baby can breathe, so don't worry. When breastfeeding, their nostrils will naturally flare out to allow air in.
- **If breastfeeding hurts, remove the baby by putting your finger in the corner of the baby's mouth to break the suction.** It should not hurt when the baby is latched on correctly. Soreness is common, but not normal when beginning breastfeeding. A correct latch should prevent pain. You may feel strong tugging, but not persistent pain. Frequent breastfeeding of your baby should not cause sore nipples. Usually, incorrect positioning and latch are the main causes of sore nipples.
- **Let your baby finish the first breast well.** When the baby lets go of the first breast, burp your baby, and then offer the other breast. Sometimes the baby will take just one breast at a feeding. That is okay. Sometimes your baby will take both breasts. Let your baby lead the way. At the next feeding, start with the breast you finished with at the last feeding.

The First Few Days

At this point, the two of you are like one. You need each other. Babies need to be with their mothers to learn how to breastfeed well, and new mothers need to be with their babies to learn how to breastfeed.

Babies know how to breastfeed, but breastfeeding is a learned skill for mothers. It takes at least a month to establish a good milk supply and for the mother to feel that she has the hang of it. With patience and practice, breastfeeding will get easier and faster.

Have your baby “room-in” with you, 24 hours a day at the hospital. That way you will not miss any of your baby’s small cues that he or she needs to breastfeed. If you can, limit your visitors. Tell your family and friends ahead of time that you need lots of time alone with your baby to learn to breastfeed and to rest. Having too many visitors can tire you out and interfere with establishing breastfeeding. This is a special time for you and your baby.

Make sure you breastfeed during the night. Breastfeeding during the night is very important for your body to start establishing a good milk supply. Newborns tend to group more of their breastfeedings between 9 p.m. in the evening and 3 a.m. in the morning. This is normal.

Tell the nurses not to give your baby artificial nipples. This includes both bottle nipples and pacifiers. These can confuse your baby and cause them to not breastfeed well. Put a crib card in the bassinet that says “Please, no pacifiers or bottles, and no formula.”

Tell the nurses not to give your baby formula unless medically necessary. Breastfeeding is best, so stick to only breastmilk, if possible. Giving any formula greatly increases the chance of you and your baby not having success with breastfeeding. If your baby has formula, it can also affect the development of their immune system. Breastmilk naturally contains protective nutrients that prevent infections and other conditions, such as diabetes, diarrhea, and asthma.

When you get home with your baby, accept all the help you can get. Have others cook meals, wash dishes, do laundry, etc. For the first 40 days or so after your baby is born, you should breastfeed and take care of your baby, while take care of you and concentrate on learning to breastfeed. This period of time is referred to as “baby moon” time. Ask for help and let others take over chores to allow you the time to rest and focus on post-birth recovery.

Keep your baby in a bassinet next to your bed and learn to breastfeed lying down. Learning to breastfeed lying down means you get more time to rest. Babies are safer when they sleep in the same room as their mother sleeps in. When your baby is finished breastfeeding, place the baby in a bassinet next to your bed.

Try “wearing” your baby in a soft, cloth baby carrier or sling. Babies who are worn by their mothers and other family members are usually happier and calmer, have less colic, and develop better. Avoid leaving your baby sitting in a car seat, baby seat, or baby swing for long periods of time. Babies need to be held a lot. You cannot “spoil” your young baby.



How Often & Long to Breastfeed

Let your baby feed as often, and as long, as he or she wants to. This could be a 5-minute feeding or a feeding that is well over 30 minutes. Let your baby finish the first breast and come off on his or her own. Then offer the other breast. Babies may take one breast at a feeding or both. Let your baby decide.

In the first week or two, your baby may go through a period of rapid growth, called a growth spurt. During this time, 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.

Breastfeed at the first signs of hunger. Watch your baby for signs of hunger. Your baby may start to stretch, make little noises or grunts, suck on his or her lips or tongue, turn his or her head toward you, or put his or her hand up to the mouth. Many moms think crying is the only sign that their baby is hungry. But, it's actually a sign of distress. Responding early to your baby's hunger signs may help prevent them from crying. Once baby is crying, it can be harder to latch.

Milk supply is affected by how often milk is effectively removed from the breast either by breastfeeding your baby or expressing your milk. The more you breastfeed or express milk, the more milk you will make. Breast size has nothing to do with the amount of milk you can make.

Usually, 2 to 4 days after birth, your milk supply will greatly increase. Your breasts will feel heavier and fuller. They may swell and become engorged. This swelling goes away around 7 to 10 days after birth. It is normal. Your breastmilk may also begin to look different. Don't be concerned that you are losing your milk. Mature breast milk looks thin and bluish, but it has everything your baby needs.

Breastfeed your baby at least 10 to 12 times in 24 hours during the first month or so.

Newborns need to breastfeed very often. Their stomachs are very small, and your breastmilk is made to digest very quickly. You will have enough milk to feed your baby even if you cannot see it or feel it. Feedings do not follow any regular schedule. Babies often group (cluster) feedings together, particularly in the evening. They may seem to breastfeed on and off constantly during these cluster feedings. This is normal.

Do not give your baby formula (artificial baby milk). Only use formula if there is a medical reason.

As babies grow (somewhere around the fifth week), feedings usually become more spread out and regular. Follow your baby's signals, not the clock. Some babies still need more frequent feedings and that perfectly fine.



Ways to Tell Breastfeeding is Going Well

All babies have days when they breastfeed more often than others. It does not mean you are not making enough milk. Breastfeeding your baby as often as your baby shows signs of hunger will help you keep up your milk supply and your baby's growth.

Call the breastfeeding educator or your peer counselor at the WIC office right away if you have concerns about your milk supply. Do not automatically try infant formula (artificial baby milk) if you are feeling unsure of yourself.

- **You should hear frequent swallowing or gulping sounds while breastfeeding.** There should not be any clicking or smacking sounds. Minimize any distractions so you can listen closely to your baby's sounds.
- **Your baby should no longer shows signs of hunger after a breastfeeding.** The baby's body and hands relax for a short time. The baby has a full, satisfied expression after breastfeeding.
- **Your baby should not lose more than about 7% of his or her birth weight after birth.** The baby should regain his or her birth weight by about 2 weeks after birth. After that, breastfed babies generally gain around 4-7 ounces a week for the first 6 months of life. Between 6 and 12 months, they may gain between 2-4 ounces a week.
- **Make sure your baby gets a weight check with the baby's health care provider within 5 days of discharge from the hospital.** You can also bring your baby to the WIC office for a weight check. Have another weight check at 2 weeks of age.

Your Baby's Bowel Movements

- **Your baby should be having at least three bowel movements (stools) every 24 hours, after day two.** Your baby should have at least 3-4 stools a day that are each about the size of a quarter or larger. If your baby is not having bowel movements, call your baby's health care provider and see your breastfeeding educator.
- **By day 3-4, your baby should also be having 6 or more very pale yellow urine, wet/heavy diapers a day.** If your baby is not wetting at least 6 diapers in 24 hours, call your health care provider immediately.
- **Your baby's stools will change from dark black, to yellow-green, to yellow-orange, to loose, seedy yellow** as your milk supply increases.
- **Sometime between 4 and 6 weeks of age, stooling can vary greatly** from several times a day to only once a week.

If there are any problems with breastfeeding, it is important to get help early. If you wait too long to get help, it may make it harder to breastfeed.

Contact your health care provider if you have any concerns about your baby's weight gain or health.



Breastfeeding Positions

The following are some positions commonly used for breastfeeding – use the one that works best for you both. Always make sure your baby takes in a good mouthful of breast, especially the underneath part of the darker skin around the nipple (areola).

SAFETY TIPS

- ✓ Don't apply pressure to the back of the baby's head.
- ✓ Don't allow baby's feet to push against a hard surface.
- ✓ Don't leave open spaces between you and your baby.
- ✓ Don't fall asleep while in bed with your baby.



Cradle Hold

This is the most commonly used position. Hold your baby with his or her head on your forearm and with baby's body facing yours. Make sure the baby's head, shoulders, and hips are in a straight line and the baby's whole body should be in contact with yours.

Cradle Hold or Transitional Hold

This is good for premature babies or babies who are having problems latching on. Hold your baby along the opposite arm from the breast you are using. Support baby's head with the palm of your hand at the base of his or her head. Do not touch the back of the baby's head.



Clutch Hold or Football Hold

This is good for mothers who have had a cesarean birth or who have large breasts. Hold baby at your side. The baby is lying on his or her back, with his or her head at the level of your nipple. Support baby's head with the palm of your hand at the base of the baby's head.

Side-Lying Hold

Lie on your side with baby facing you. Pull baby close and guide the baby's mouth to your nipple. This allows you to rest while baby breastfeeds. This position is also good for mothers who have had a cesarean birth.



Laid-Back Hold

The laid-back hold is a relaxed, baby-led approach. The mother lies back at an easy angle that's comfortable for every part of her with some pillows behind her or with the bed adjusted that she is not lying flat or sitting straight up. Her baby lies on top of her, the baby's front on the mother's front with a blanket over the two of them for warmth, if needed. Gravity and an instinct to nurse will guide the baby to the breast. As the baby searches for the breast, the mother should support the baby's head and shoulder but shouldn't force the latch.



Positions for breastfeeding two babies at the same time.

Yes, you can fully breastfeed twins and even triplets!

Double Clutch Hold

The mother is sitting up straight. Both babies are in the clutch hold. Some mothers use pillows or folded towels at their sides to support the babies.

Combination Cradle and Clutch Hold

The mother is sitting up straight. One baby is in the cradle hold. The other baby is in the clutch or football hold.



Preventing Soreness

Soreness is common, but not normal. If you do get sore nipples, the most important thing to do is to **make sure the baby is latched on correctly**.

Some common causes and what to do:

Baby's Latch and Positioning

If your baby isn't positioned well, you may have soreness and pain over time. If your nipple is pinched, flat, or a different shape than usual after you breastfeed, you may need to adjust baby's latch.

- ✓ If you are in pain while breastfeeding, gently break the latch by inserting a clean finger into the corner of your baby's mouth. Then try again.

Trauma to Your Nipple

This may come from not releasing suction before removing your baby from your breast, pumping with the wrong-sized flange, cleaning your breast too much, or wearing clothing that is too tight may also cause it.

- ✓ Avoid using harsh soaps or ointments that contain astringents (like a toner) on your nipples. Washing with clean water is all that is needed to keep your nipples and breasts clean.

Fungal Infection

If your nipple itches, burns, cracks, or is pink or flaky, or you have shooting pain in your breast between feedings, you may have a fungal (yeast) infection called thrush. This infection can also cause white spots on your baby's cheeks, tongue, and gums.

- ✓ If you think you have thrush, use only water to rinse your nipples after nursing, then see your health care provider or your baby's pediatrician right away. Both you and your baby will need to be treated for thrush. If pain persists, see your doctor. You may have an infection that needs to be treated with antibiotics.

Milk Blister

A milk blister, or bleb, is a smooth, shiny, white dot on your nipple.

- ✓ Warm washcloth compresses, massaging and expressing some milk may help relieve it. If the bleb doesn't go away, contact your WIC breastfeeding expert or health care provider.

Call the breastfeeding educator at the WIC office for help right away if you remain sore, have cracks, or the soreness is getting worse. You should keep breastfeeding, so don't give up. Breastfeeding is very important for your baby's health and well-being.



Uncomfortably Full Breasts

Some fullness is normal in the first weeks. However, if milk builds up in your breasts, they may feel uncomfortably full, hard, or warm to the touch. This is called “engorgement.” Your baby may have difficulty latching on and sucking if your breasts are too full.

Engorgement Prevention

- Make sure your baby is correctly positioned at the breast. It is important that your baby take in a good mouthful of breast, not just the end of the nipple.
- Breastfeed at least 10-12 times a day.
- Make sure you hear your baby swallowing.
- Let the baby finish the first breast well, breastfeeding until that breast is well softened. Then offer the second breast. Sometimes your baby will take one breast, sometimes both. Follow your baby’s lead.

If your engorgement is not resolved within 24 hours, call your WIC breastfeeding educator for assistance.

Extreme engorgement needs to be treated as fast as possible as it can lead to a breastfeeding emergency or infection.

Engorgement Relief

If you are already engorged, follow the steps used to prevent engorgement, in addition to:

- For minor engorgement, before breastfeeding, put a warm washcloth on your breasts or take a warm shower to help your milk flow. You could also immerse your breasts in a basin of warm water. Any heat applied to breasts should only be done for less than five minutes.
- Massage your breasts gently to release milk before feedings. Hand-express some milk to soften-up the areola area. If your baby is unable to latch on and breastfeed effectively because of extreme breast engorgement, try expressing enough milk to soften your breast so baby can latch on.
- You may need to fully drain the breasts once or twice during the period of engorgement by using an effective breast pump. Pumping the breasts fully once or twice will help the milk flow so your baby can then latch-on and breastfeed well.

If you are still in the hospital, ask to use a full-size electric breast pump. If you are home, call your WIC breastfeeding educator or peer counselor right away for information about breast pumps and what is available through your local WIC location.

- If the baby continues to not breastfeed well, use an electric breast pump 8-10 times in 24 hours.
- For more severe engorgement, cold ice packs applied to the breasts between feedings may help reduce swelling and relieve pain further. Lie flat on your back and apply the cold ice packs for 15 to 20 minutes at a time. Before applying ice packs, always place a thin towel on the breasts to protect the skin.

Tender Breast Lump

If you notice a tender lump in one of your breasts, you may have a plugged or blocked milk duct. The area around it may be red and sore and you may ache or feel pain. This occurs when milk builds up a waxy “plug” in your breast.

Before feedings, put a warm washcloth on your breast and gently massage the area to loosen the plug. Offer the affected breast first and position your baby so his or her chin is closest to the sore spot.

Within a few feedings, the plug should move toward and then out the nipple. It may look like thin spaghetti. Get plenty of rest in bed.

- If you already have a plugged duct, try the tips for breast engorgement.
- See your health care provider if the plug does not go away in two days or if you have a fever.
- Continue breastfeeding or expressing milk.

Plugged Duct Prevention

- If you wear a bra, make sure it is not too tight. Underwire bras may contribute to plugged ducts.
- Avoid using a tight-fitting front baby carrier.
- Breastfeed at least 10-12 times a day, making sure the breast is well softened when the baby is finished.
- Massaging the breast in any lumpy areas while breastfeeding can help prevent plugs.
- Change your breastfeeding position often by using the football hold, cross-cradle hold, lying down, etc.

Inflammation or Breast Infections

If one of your breasts is red and tender to touch and don't feel well or have a fever, you may have a breast infection, called mastitis.

If you do have mastitis, the quality of your milk is not affected, and you should continue to breastfeed or express milk.

See your health care provider if you feel achy for more than one day or if you have a fever. You may need an antibiotic. There are many antibiotics that your health care provider can give you that safe to take while breastfeeding.

Tell your health care provider you want to keep breastfeeding. Stopping breastfeeding or sudden weaning may make the situation worse.

Tips for Inflammation

- Breastfeed more often.
- Put a warm wet washcloth on your breast before feedings and offer your baby the affected breast first.
- Gently massage the sore area while breastfeeding.
- Drink plenty of fluids.

Breastfeeding Away from Home

At first, new mothers may feel uncomfortable about breastfeeding in public. You will become more confident and comfortable as you gain experience. Most of the time, other people do not even notice you are breastfeeding because the baby is quiet and does not attract attention.



You can breastfeed your baby wherever and whenever you need to.

According to Florida law, it is your right to breastfeed your baby wherever you are authorized to be.

Breastfeeding is a normal part of being a mother.

If you feel Uncomfortable Breastfeeding Away from Home

- If your outing is short, breastfeed just before leaving and right after you return home.
- Breastfeed your baby in your parked car. Make sure to leave your vehicle running to ensure the temperature is controlled and not uncomfortable for you or your baby.
- If you're in a business, ask if they have a women's lounge or sitting area to breastfeed. If the business does not have a private area, turn your chair so you are facing slightly away from other people.
- Use a baby sling, breastfeeding cover, or blanket to cover your breast and your baby.



Don't Feel Discouraged

Breastfeeding takes patience, practice, and commitment. In the first few weeks, while you are learning, you may feel frustrated at times. This is normal. It can take mothers 4-6 weeks to get used to it.

Breastfeeding Support

There are resources available that can provide guidance from professional lactation consultants and group meetings for support from other mothers.

**Florida
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Florida Department of Health
[FloridaHealth.gov/WIC](https://www.floridahealth.gov/wic)

Staff at Florida's county health departments (CHD) work to improve the client's health by providing nutritional support during critical periods of growth and development.

CHDs may have a certified lactation consultant lactation counselor on staff. CHDs may also offer a breastfeeding peer counseling program and breastfeeding support groups.

**STRONG
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Strong Florida Moms
[StrongFLMoms.com](https://www.StrongFLMoms.com)

Get information about what to expect during pregnancy, resources to obtain health care, and answers to many of the questions Florida moms and dads have about parenting.

Families can also access community resources such as local support groups with other moms, initiatives that connect to job opportunities, and other resources tailored to their parenting journey.

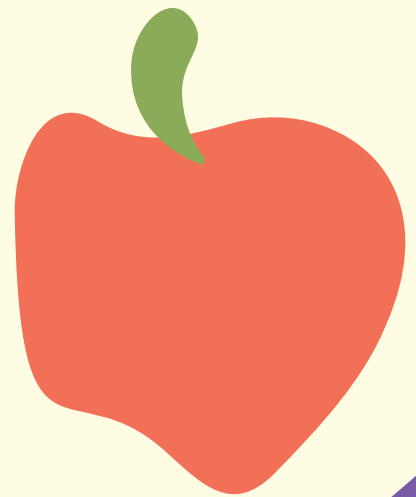
**a Happy
Mom
leads to
a Happy
Baby**



The Florida Department of Health's WIC Program is a federally-funded supplemental nutrition program. WIC provides free healthy foods, breastfeeding support, nutrition education and referrals to other services, to support you and your family.

WIC is available for income-eligible pregnant and postpartum women, breastfeeding moms, and children under five (up to their fifth birthday). Dads, grandparents, foster parents, and anyone raising kids under five can receive apply for support for the kids in their care.

Postpartum women are eligible for up to six months after the end of their pregnancy. Breastfeeding moms are eligible to receive food benefits until their babies turn one. They can receive continued breastfeeding support throughout their journey.



FLORIDA DEPARTMENT OF HEALTH
Women, Infants, and Children (WIC) Program

FloridaHealth.gov/WIC • 800-342-3556

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