Spring Break Safety for Pregnant and Breastfeeding Women: Tips for a Fun and Safe Holiday

Spring break is often associated with young college students flocking to the beaches to take a break from their studies. However, it is now embraced by a diverse crowd, including families with pregnant and breastfeeding women. Spring break typically takes place between March and April each year, leading to masses of people traveling by planes, trains, and automobiles. Fun times are possible for everyone, and we have guidance to increase the chances that your travels and experiences will be comfortable and safe for you and your baby.

Check-In with Your Doctor

For most pregnant women, traveling by airline, train, car, or bus is generally safe until close to their due date. Regardless of your trimester, a quick check-in with your doctor is essential to ensure you are cleared to travel.

- **First Trimester**: If you are experiencing pregnancy-related nausea, prepare ahead with needed medications and a plan to stay hydrated.
- **Second Trimester**: If you are healthy, this is a great time to travel.
- **Third Trimester**: You should be fine to travel, but keep in mind that if you go into early labor, you don't want to be far from high-quality obstetrical care. Check for hospital locations at your destination.

Check for Infectious Disease Warnings

If you are traveling outside of the U.S., check for disease warnings or recommended vaccines for your destination on the CDC Travelers' Health page. Additionally, if your destination has mosquitoes, use insect repellants to reduce the risk of exposure to infectious diseases.

Sun Exposure and Heat

Prolonged sun exposure can lead to overheating and dehydration, and in severe cases, heat stroke. High fever is a potential concern for pregnant individuals in any trimester. Prevention is key:

- Keep hydrated.
- Protect against direct sun for prolonged periods (sit under an umbrella or go indoors).
- Use sunscreen.
- Drink plenty of water.
- Avoid alcohol and limit caffeine, as they can increase dehydration.

Sunscreen

Everyone, including pregnant and breastfeeding women, should use sunscreen year-round. While there is some evidence that chemical sunscreens can penetrate the body in very small amounts, the American College of Obstetricians and Gynecologists (ACOG) recommends the use of effective sunscreen. For breastfeeding women,

remember that sun exposure does not provide enough vitamin D for your baby; the American Academy of Pediatrics recommends 400 IU of vitamin D daily for breastfed babies.

Dietary Concerns

One of the highlights of travel is enjoying local food. For pregnant women, the risks from food-borne illnesses remain the same whether at home or on vacation. Avoid unpasteurized milk products, undercooked meats, and fish from risky categories.

Alcohol

Alcoholic beverages may be a destination goal for many, but pregnant and breastfeeding women are urged to continue following the warnings:

- **Pregnant Women**: It is crucial to avoid alcohol, as there is no known safe amount to drink. The risks to the developing baby are significant and can be devastating. Increasingly, restaurants are creating delicious and inviting mocktails (non-alcohol) and other beverages, offering an alternative that does not single out a person from the crowd.
- **Breastfeeding Women**: Limiting alcohol is beneficial as it can decrease the amount of breastmilk produced. It is recommended to breastfeed after two hours per drink to reduce the risk of exposure to the baby and developing brain.

Following these recommendations and reminders can help prevent exposures and experiences that could later cause grief and anxiety. Prepare well and enjoy your holiday! Ideally, a well-planned spring break will lift your spirits, provide a mental health break, allow you to enjoy new or favored foods, and create new and wonderful memories.

References and Additional Information:

CDC:

https://wwwnc.cdc.gov/travel/page/sun-exposure

https://www.cdc.gov/niosh/heat-stress/about/illnesses.html

https://wwwnc.cdc.gov/travel/page/sun-exposure

https://www.cdc.gov/breastfeeding-special-circumstances/hcp/diet-micronutrients/vitamin-d.html

https://wwwnc.cdc.gov/travel

ACOG

https://www.acog.org/womens-health/faqs/travel-during-pregnancy

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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In recent years, plant-based diets have become more and more popular. People choose to go vegetarian for a variety of reasons including health benefits, sustainability concerns, and ethical motivations. Whatever the reason, this type of diet can be healthy and nutritionally adequate, even during the reproductive years. However, during pregnancy, a bit of planning may be required to make sure the developing baby is getting all the nutrition necessary from a plant-based mom.

First, let's talk about different plant-based diets. Some people choose to avoid meat on occasion such as those who participate in "Meatless Mondays." Others commit fully to a vegetarian lifestyle, which means avoiding all forms of meat. Lacto-vegetarians also exclude eggs from their diet, while ovo-vegetarians also avoid dairy. Vegans have more restrictions, avoiding any products that come from animals such as eggs, dairy, gelatin, and honey. The good news is that there are still many food groups available to vegetarians and vegans. Fruit, vegetables, grains, nuts, legumes, meat substitutes, and dairy alternatives are all still on the table.

During pregnancy, nutritional requirements change to meet the needs of the developing baby. Most women can easily meet these new requirements by taking a prenatal vitamin with 100% of the daily value (DV) to get all the important vitamins and minerals. However, vegans and vegetarians may require a different approach to keep mom and baby as healthy as possible.

Let's take a look at B12 first. Vitamin B12 is involved in the development and function of the central nervous system, formation of red blood cells, and DNA synthesis. During pregnancy the recommended dietary allowance (RDA) for B12 is 2.6 mcg for everyone. However, vegetarians and vegans are at risk of deficiency since this vitamin only occurs naturally in products that come from animals. To ensure that enough is consumed, plant-based moms-to-be should focus on eating foods fortified with B12. Blood work can also help to identify any deficiencies, and if a woman is found to have low B12 during pregnancy, a higher dose supplement may be recommended by the health care provider.

Iron is another vitamin that requires a second look for those with a veggie diet. During pregnancy, iron requirements increase due to a rise in plasma volume and red blood cell concentration. For women who eat meat, an RDA of 27 mg is advised. However, for vegetarians the RDA is 1.8 times higher, meaning 48.6 mg per day is needed. Iron can be obtained from plant-based foods but it is not as bioavailable as iron from meat, so supplementation is usually required.

Around 90-95% of pregnant women don't consume enough choline, regardless of what diet they follow. An RDA for choline of 450 mg is suggested for every pregnant woman. Soybeans, wheat germ, kidney beans, and eggs are some of the best plant-based forms of choline, but this vitamin can also be obtained from a dietary supplement. Choline has been shown to improve liver health, memory, mood, and other brain and nervous system functions.

What about calcium? Vegetarians who still consume milk, cheese, and yogurt may not be too worried about this one. However, it's known that certain plant foods contain large amounts of oxalates, a naturally occurring compound that can reduce the amount of calcium absorbed from food. For example, a cup of spinach contains about 30 mg of calcium, however because this food has a high oxalate content, the calcium is not well absorbed by the body. Another interesting point about calcium is that smaller doses are better absorbed. This means that spacing out a supplement and calcium rich foods throughout the day may be a better approach than taking it all at once. Lastly, it's important to note that calcium should always be taken with vitamin D since the body needs vitamin D to absorb calcium. An RDA for calcium of 1,000 mg/day is advised for women over the age of 18 during pregnancy, regardless of diet type.

The term "Omega 3s" commonly refers to alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). It is suggested thaf pregnant women get 1.4 grams/day of ALA, however, there is no official dose for DHA or EPA that has been established for pregnancy. ALA is present in plant oils, such as flaxseed, soybean, and canola oils. Walnuts and chia seeds are also good sources of ALA. The problem is that ALA does not easily convert to DHA in the body, so even when a woman who is plant-based consumes a good amount of ALA they can still have low DHA levels. Although there is no official recommendation in place to take a DHA supplement during pregnancy, vegetarians and vegans can talk to a health care provider to determine if it makes sense to take an algae based one.

A blog about nutrition wouldn't be complete without talking about folic acid, especially during January's National Birth Defects Awareness Month. When folic acid is taken for at least one month prior to pregnancy, this important vitamin reduces the chance of neural tube defects (a type of birth defect affecting the baby's brain and spinal cord) by as much as 50-70%! Like everyone else, vegetarians and vegans should get 400 mcg/day prior to pregnancy and 600-800 mcg/day during pregnancy from a supplement.

As a vegetarian myself, if I had a dollar for every time someone asked me about protein I'd be a millionaire by now! For some reason, well intentioned friends and family seem to be very concerned about this topic – especially during pregnancy! A general recommendation of 71 grams of protein/day is currently in place for everyone during pregnancy. Vegetarians can easily meet this requirement by consuming foods like yogurt, chia seeds, quinoa, beans, eggs, and certain vegetables. Vegans can focus on many of the above foods as well as tofu, lentils, soy milk, and nut butters. Although most women can meet the RDA with the right attention to diet, if you're concerned about not getting enough protein during pregnancy, your health care provider can refer you to a nutritionist to help further.

Pregnancy as a vegetarian or vegan doesn't have to be stressful, but some additional planning may be needed. When possible, focus on getting nutrients from your diet. However, to meet RDAs during pregnancy, or if a deficiency is noted by blood work, supplementation can be beneficial. If you ever have any questions about vitamins, minerals, omega 3s, or protein during pregnancy, contact a MotherToBaby specialist to receive individualized counseling. With the right approach, a plant-based mom and baby can get all the nutrients they need!

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National Institutes of Health. December 2024. Omega-3 Fatty Acids Fact Sheet for Health Professionals. Available at: https://ods.od.nih.gov/factsheets/Omega3FattyAcids-HealthProfessional/

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Let's face it, being pregnant can be hard, having a baby is without a doubt hard, and taking care of a newborn might be even harder, especially if it's your first. Even when it feels like you are doing a great job, there is always someone who can't stop suggesting ways to make things better.

Think about it, I am sure you have heard…

"If you do this _____, your baby will sleep through the night."

"I had 4 kids and that has never happened to me…"

"You need to stop drinking coffee if you want to breastfeed."

"You should consider changing your diet, it might help you lose some of the baby weight."

Sound familiar? That someone can be your parents, siblings, partner, the in-laws, grandparents, extended family members, or some random person/influencer online. With no shame, those are probably good ideas that may have worked for them whenever you had their own kids but it might not be the same for you and that is okay. Every experience is different, and no kid is the same.

When I was pregnant, I felt so great! I was on top of the world (ignoring the weight gain, and the shortness of breath). Really, no joke. Receiving compliments everywhere I went felt awesome!

But now that I have my baby… it sometimes feels like everyone wants me to do more and do "better". Culture and ethnicity play a huge part in how we approach parenthood but let me tell you… being a Latina woman holds no exception.

So, let's talk about some myths among the Latino community.

#1, Adding a little bit of cereal to the baby's bottle will help him/her sleep better, especially at night.

Fact or Myth?

This is true or a fact but not necessarily for a healthy standpoint. You may notice your baby sleeping for longer periods of time but it's because they are being overfed and it will require more effort from the digestive system to break down

this heavy meal. Think about that time when you ate way more than what you were used to. You might have felt tired and opted for a nap; the same thing happens to your baby. Remember that babies need to eat every 2-3 hrs., and sometimes earlier if you are exclusively breastfeeding (since breastmilk is easier to digest, compared to formula).

So, next time you hear this, please, do not add any cereal to your baby's bottle unless your pediatrician instructs you to do so. You can read more about "Boosting your Breastmilk" here: https://mothertobaby.org/baby-blog/boosting-milk-for-baby-the-supply-demands-of-breastfeeding/.

#2 You should start a liquid diet once you have your baby to produce more breastmilk and lose the weight gained.

Fact or Myth?

Myth! You have spent 9 months "eating for two" and now they want you to stop eating and go on a liquid diet! This is not only a myth, but it could also be harmful to you, especially if breastfeeding is a goal of yours. To successfully produce enough breastmilk to feed your baby, your body needs to be well nourished. The goal is to be hydrated and eat a variety of foods from each food group [carbohydrates, proteins (vegetable or animal sources), vegetables, fruits, and dairy] and to nurse your baby as often as they want/need (on demand). So please, drink lots of water but also eat solid foods, unless your healthcare provider instructs you to do something else.

PS: If you want to know more about nutrition, talk to a registered dietitian. They will work with you to help achieve your goals. Read more about other blogs on nutrition at: https://mothertobaby.org/category/food-beverages/.

#3 Eating eggs after delivery will make your breastmilk smell bad and your baby won't latch.

Fact or Myth?

Yet, another myth! All foods have different mechanisms of digestion, and although some take longer to digest, it is a myth that some residues will affect the smell of your breastmilk. Same as above, if you are a fan of eggs and you have been eating them throughout the pregnancy, there is no conclusive evidence to suggest that you should stop eating them after delivery. On the contrary, studies show that the earlier we expose our babies to the Big 8 food allergens (milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, and soybeans; with sesame being the 9th added), the better likelihood there is that this may reduce their chances of having a food allergy later in life. So once again, it is safe to say you can continue drinking your water and eating your meals, bearing in mind the importance of practicing ***food safety*** [eating fully cooked foods, with an internal temperature of 160°F, for the eggs] Learn more about food safety here: https://mothertobaby.org/fact-sheets/eating-raw-undercooked-or-cold-meats-and-seafood/,

#4 Drinking coffee while breastfeeding will make your baby fussy.

Fact or Myth?

This is a fact but when the intake of caffeine surpasses 300mg a day. Remember that being fussy is not a diagnosis, it is a symptom of some underlying problem. Fussiness and gassiness are very common in babies since they are not moving. If you are breastfeeding and your baby is getting fussy very often, contact your healthcare provider. But rest assured that one cup of brewed coffee a day will not make your baby fussy as it is typically around 137 mg of caffeine. More often than not, there are other reasons why your baby might be fussy such as: excessive sugar intake, complex carbohydrates intake (which are harder to break down in your digestive system), among many other reasons. To learn more about caffeine intake during the pregnancy or while breastfeeding, check out our Fact Sheet at: https://mothertobaby.org/fact-sheets/caffeine-pregnancy/ .

Now that we have talked about some myths among our community, I hope we can spread the word and you may feel more empowered to make your own decisions based on what we have discussed today.

Being a Latina mom living in the United States has given me a different perspective but no matter where I am, I have heard these myths about motherhood more often than I would like to admit. Hopefully debunking and explaining some of these myths will help you and others understand that at the end of the day, you are more than capable of making good choices and you know what works best for you and your baby.

Take care of yourself so you can take care of that little person you just had. At MotherToBaby we are here to help you, just one call, text, chat, or email away.

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Tanya called in on a Monday morning. “I’m getting married in a few months and we want to start trying to get pregnant right away. What should I be doing now to have the best chance of a healthy baby?”

Preconception health and pregnancy planning present a terrific opportunity to assess a wide range of factors that can give your baby the best start. This blog will outline the things to consider, as I relayed to Tanya:

Your Personal Health

Are you generally healthy? If you already get headaches or have acid reflux, know that pregnancy can make these more frequent. Ask your doctor if the way you treat these common conditions should change once you are pregnant. Ask about your current exercise routine and if you need to alter it during pregnancy. Get checked for sexually transmitted infections because some may not show symptoms. Also discuss your medications – some should be stopped before you start trying to conceive, such as Valproic acid, leflunomide (e.g. Arava®), teriflunomide (Aubagio®), methotrexate, and isotretinoin (e.g. Accutane®) to name just a few. For others, you’ll want to weigh the risks vs. the benefits with your health provider before you conceive. Talk with your doctors now to make a plan.

Caffeine

Do you drink caffeinated coffee, tea, or soda? What about energy drinks, protein powders, or Kombucha? MotherToBaby’s fact sheet on caffeine may put your mind at ease and encourage you to think about all your beverage options.

Body Weight

Is your weight a concern? One of the best things you can do before conception is to get to a healthy weight. Women who are overweight or obese have increased risks for miscarriage, birth defects, gestational diabetes, high blood pressure and preeclampsia, and unplanned cesarean birth. Now is a good time to meet with a nutritionist or go on a sensible diet to get to a healthy weight in anticipation of pregnancy. Once you are pregnant, continue to watch what you eat but don’t try to lose weight. Weight gain is inevitable during pregnancy but guidelines from the American College of Obstetricians and Gynecologists (or ACOG, the leading professional society for OB/GYNs) advise women to gain anywhere from 11-40 pounds, depending on your pre-pregnancy weight. It’s a myth that you need to “eat for

two," so don't set yourself up for postpartum weight gain by eating more than you should. After delivery of an average 7-8 lb. baby, you may lose 2 lbs. in amniotic fluid, 1.5 lbs. of placenta, 5-7 lbs. in blood volume, and 2 lbs. as the uterus returns to its normal size. That could still leave you with 10 pounds of excess weight, or more if you gained more weight during the pregnancy. Some women never take off those extra pounds, and their weight creeps up with successive pregnancies and age, which can lead to pregnancy complications and chronic health problems later on. See our exercise fact sheet for more information.

Chronic Health Conditions

Do you have chronic health conditions like diabetes, high blood pressure, migraines, asthma, high cholesterol, heart conditions, varicose veins, or anemia? Do you have an autoimmune disease like Crohn's or ulcerative colitis, lupus, rheumatoid arthritis, ankylosing spondylitis, multiple sclerosis, psoriasis or psoriatic arthritis? Meet with your obstetrician for a "preconception" appointment to discuss how a pregnancy might impact your health, and how your health might affect a future pregnancy. Your specialist can provide an important opinion too. A maternal-fetal medicine specialist (MFM) is a doctor who specializes in high-risk pregnancies, and consulting with a MFM once you are pregnant could help you learn how to optimize your and your baby's health.

Mental Health

What about your mental health? If you have a history of anxiety or depression, ADHD or other conditions, ask your psychiatrist and OB about treatment, and don't make changes before you do. Many medications can be continued during pregnancy and while breastfeeding. In fact, mental health is incredibly important – for example, when a woman doesn't treat her mood disorder or inadequately treats it, some studies suggest risks for miscarriage, premature birth, low birth weight, and preeclampsia. Talk therapy is vitally important too. And if you struggle with mental health concerns during the pregnancy, you are at risk for postpartum depression. Let's face it – pregnancy and caring for a new baby is stressful, so now is the time to marshal your helpers – friends, relatives, therapists and doctors – to ensure you have enough support. Your obstetrician should ask about mental health but if not, speak up. Your doctor can be your ally here, helping you get treatment and addressing concerns related to pregnancy and postpartum mental health. And MotherToBaby can give you an overview of the research related to any prescriptions you might choose to take.

Dental Health

Have you seen a dentist lately? Oral health can impact a pregnancy, meaning that if you have swollen or bleeding gums, a toothache or an infection, it can increase risks to the pregnancy. If you need to have a dental x-ray, take antibiotics, or have local anesthesia for a dental procedure, these are generally acceptable during pregnancy, but best to complete before you get pregnant. Contact MotherToBaby for more details.

Your Workplace

Where do you work? MotherToBaby can give you information to minimize exposures in a veterinarian office, dry

cleaners, salon, laboratory/hospital, imaging center, pest control service, or other business. Your occupational safety department can recommend personal protective equipment (PPE) and tell you about ventilation that may be in place to ensure workplace safety. Safety data sheets (SDS) give an overview of chemicals used in industry and are available online or at work.

Food Safety

Read up on food safety and learn how to minimize your exposure to foods that have commonly been associated with foodborne illness such as E. coli or listeria. Get in the habit of washing your fresh fruits and vegetables well. Check out other blogs on our website too.

Vitamins and Supplements

Have you started taking a prenatal vitamin? Are you getting enough folic acid? ACOG recommends that women take at least 400 mcg of folic acid before getting pregnant and at least 600-800 mcg/day once they are pregnant. This can help prevent birth defects of the brain and spinal cord. Call MotherToBaby if you want to learn the recommended daily intake for specific vitamins or minerals. In general, taking more than what is recommended is not advisable – we haven't studied how mega-doses of vitamins may impact a pregnancy. Other supplements beyond taking a prenatal vitamin are not advisable either – the Food & Drug Administration (FDA) doesn't supervise their manufacturing plants and past surveys have shown some supplements actually contain contaminants. Furthermore, we've seen instances where the label didn't match the contents of the bottle and could cause ill effects. Pregnant and breastfeeding women should avoid herbal supplements unless specifically recommended by your doctor.

Alcohol, Cannabis, and Tobacco

Do you smoke cigarettes? Do you use cannabis for medicinal or recreational purposes? Do you drink alcohol? Recent research has demonstrated that marijuana use very early in pregnancy causes changes in brain development, which could result in behavioral or learning challenges we see later in the child's life. Cigarettes increase risks for pregnancy loss, among other things. And alcohol is known to cause a variety of birth defects known as fetal alcohol spectrum disorder (FASD). We don't believe that there is a "safe" amount of alcohol which when consumed doesn't cause issues for a developing child. Now is the time to quit smoking, drinking, and using cannabis – your baby will be heathier for it. MotherToBaby can provide resources, or check with your doctor.

Vaccinations

Are you up to date on all your vaccines? Did you get a flu shot this past season? You don't want a vaccine-preventable illness to have an impact on your pregnancy. Flu infection can increase risks for more severe symptoms, longer-lasting illness, pregnancy loss and premature delivery, which can have a lifelong impact on your baby. Flu vaccine helps prevent infection. Another benefit to vaccinating during pregnancy? Studies show the protection extends to your baby, and gives them a little extra immunity from birth until they can receive vaccines. Also good to know: some vaccines can be given and are recommended during pregnancy, like a flu shot or TDAP, but others are best given before you

conceive to avoid a small risk of spreading the illness to the fetus (e.g. the measles, mumps, and rubella (MMR) vaccine, as well as the Varicella (chicken pox) vaccine) – so try to get these done at least a month before trying to conceive. Check your medical records to see the last time you received any of these vaccinations. If you don't know if you were previously vaccinated, your doctor can draw blood to check if you have immunity.

Your Pets

Do you have a cat? There is some concern in pregnancy about an infection called toxoplasmosis, which is caused by a parasite that can be found in cat feces. Read our blog for more info on what you can do to prevent this infection if you have a fur baby at home.

Other Illnesses

Do your upcoming travel plans involve travel to a warm tropical place? Check out our Zika fact sheet to learn more before you book nonrefundable tickets. In general, women will want to wait to try to conceive for eight weeks from the time of your return home; the wait time is three months if your male partner travels with you. COVID-19 is also spreading around the globe and our fact sheet can give you the latest information on whether and how it could affect a pregnancy.

Finally, your obstetrician or primary care doctor would be glad to see you for a Preconception consultation. Make an appointment to discuss your personal history and health. It's a great way to get you and your baby off to the best start.

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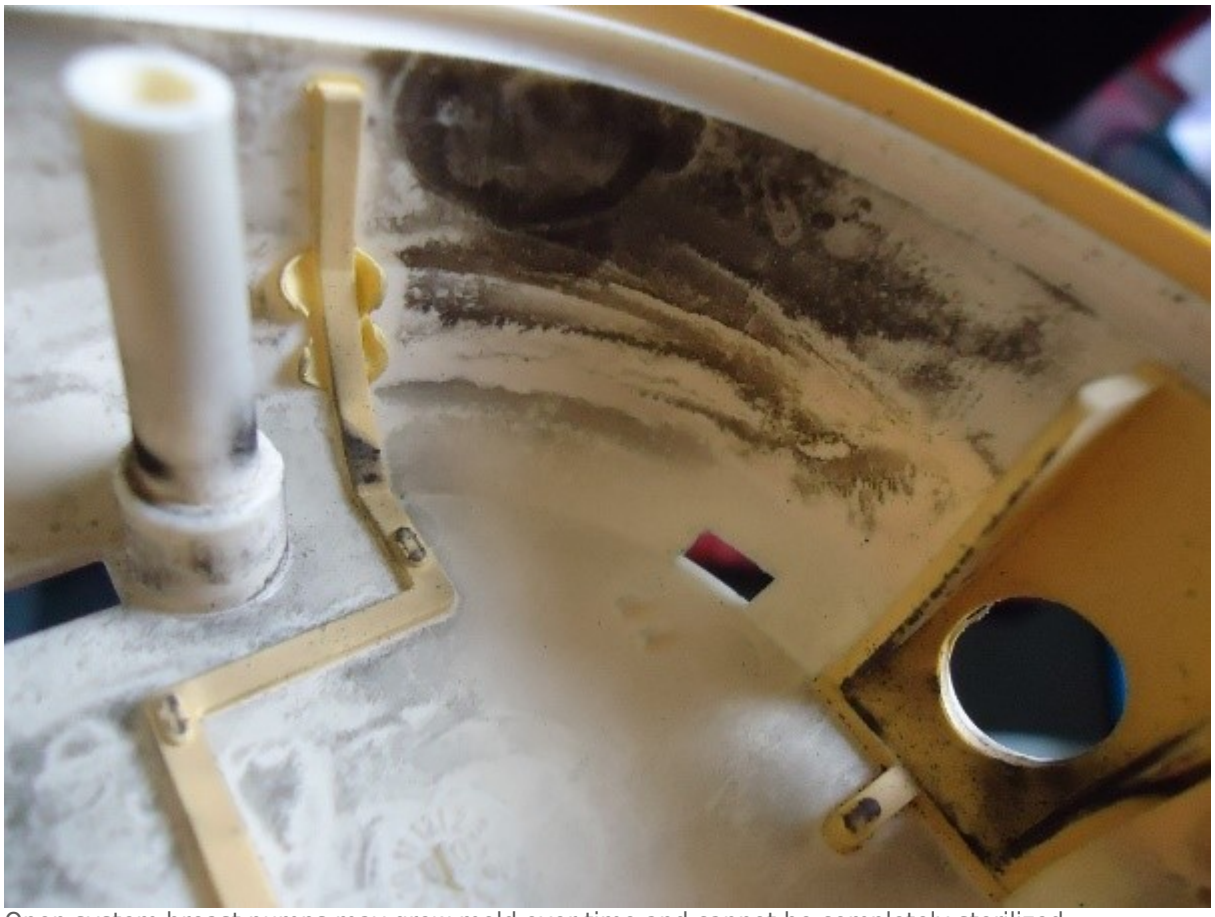
We have all heard that breastfeeding is the best way to feed your baby because you can bond with your child and give them the best nutrients and immunity for lifelong health. Besides that, breastfeeding helps moms stay healthy by getting you back to pre-pregnancy weight faster, preventing breast and ovarian cancer, and ensuring heart health. However, sometimes putting baby on the breast is easier said than done – not all moms can breastfeed in the traditional sense of holding your baby to the breast at all times. Moms may not be available if they need to return to work, care for other children, or if their baby stays in the hospital or Neonatal Intensive Care Unit (NICU) after birth.

Enter breast pumps.

Breast pumps have been used for centuries to help moms extract breastmilk to be given later to their baby. There are different pumps to choose from, including manual, battery powered and electric pumps. The best pump for getting milk out are double-electric hospital-grade pumps.



Open system breast pumps may grow mold over time and cannot be completely sterilized.

The type of pump you use also matters in terms of potential contamination (i.e., when foreign material can pass into the milk). What matters the most is whether a pump uses an “open” or “closed” system. A “closed” system breast pump has a physical barrier between the parts that touch your breastmilk (flanges, bottles, valves), and the tubing and pump motor (called the “backflow protector”). This keeps your milk sectioned off from the body of the pump. The parts that can easily be cleaned and sterilized are separate from the parts that cannot be cleaned and sterilized, like the interior of the pump motor. This is why hospital grade breast pumps are safe for multiple users – because they have this barrier.

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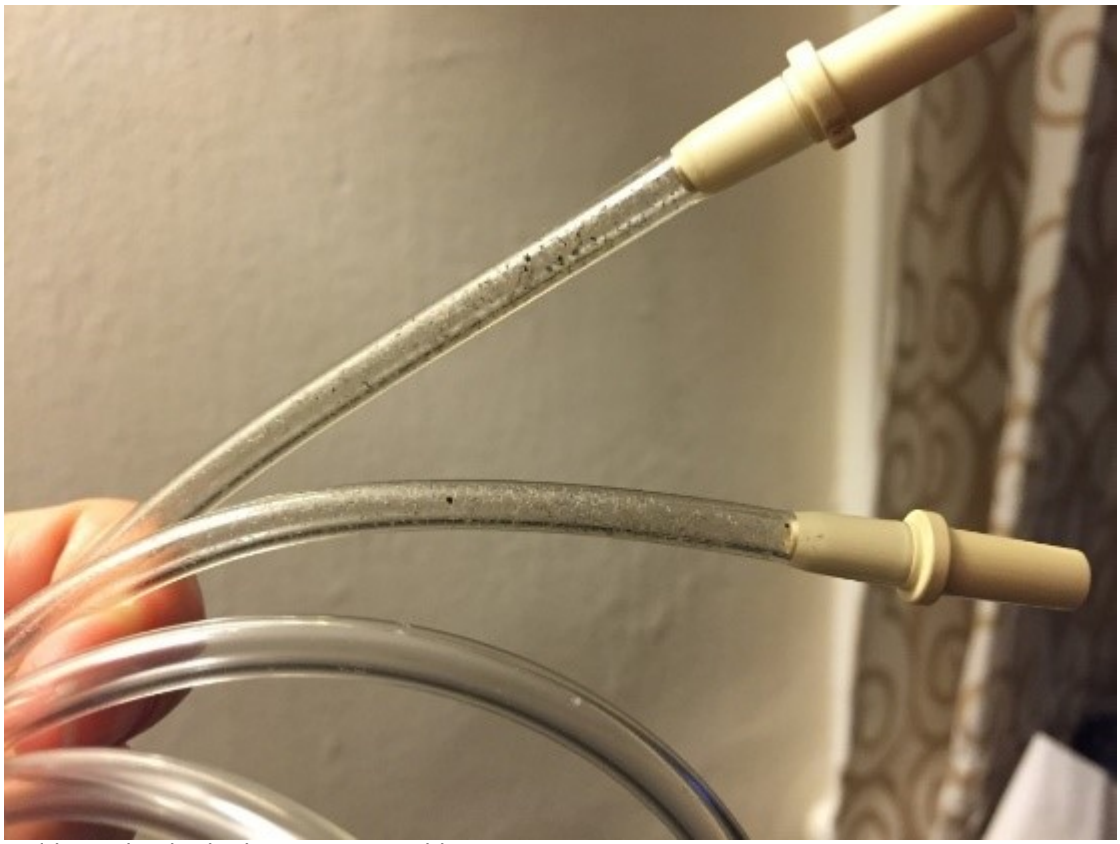
“Open” system breast pumps do not have barriers between the parts that touch your breastmilk and the tubing and pump motor. Because of this, moisture from pumping can enter the tubing and motor. Since mold flourishes in dark,

moist places, the open system has a greater risk for mold growth. This means that impossible-to-clean places like the interior of a breast pump motor are very inviting to mold. The most common places to find mold in a breast pump are the tubing, the areas and valves that connect bottles to flanges, and the insides of pumps which have been stored for a long time in a moist basement.

How can I keep mold out of my breast pump and breastmilk?

Prevention of household mold may help prevent mold on your breast pump equipment. Also, a good breast pump should have a protective barrier between the flange (the funnel-shaped part that comes into contact with your breast) and the connected tubing. Pumps without this feature carry extra risk for milk and moisture to get into the tubes and create a breeding ground for mold.



Mold growing in the breast pump tubing.

All breast pump parts that come in contact with breastmilk should be cleaned and fully dried after each use. This includes flanges, bottles, valves and breast shields. You can eliminate possible contaminants by washing them with liquid dishwashing soap and warm water. Rinse each piece thoroughly with hot water for 10-15 seconds. Place the pieces neatly on a clean paper towel or on a clean drying rack and allow them to air dry. A dishwasher with a drying cycle can also be used. Avoid using cloth towels to dry your pump parts because they can carry germs and bacteria that are harmful to your breastmilk and your baby.

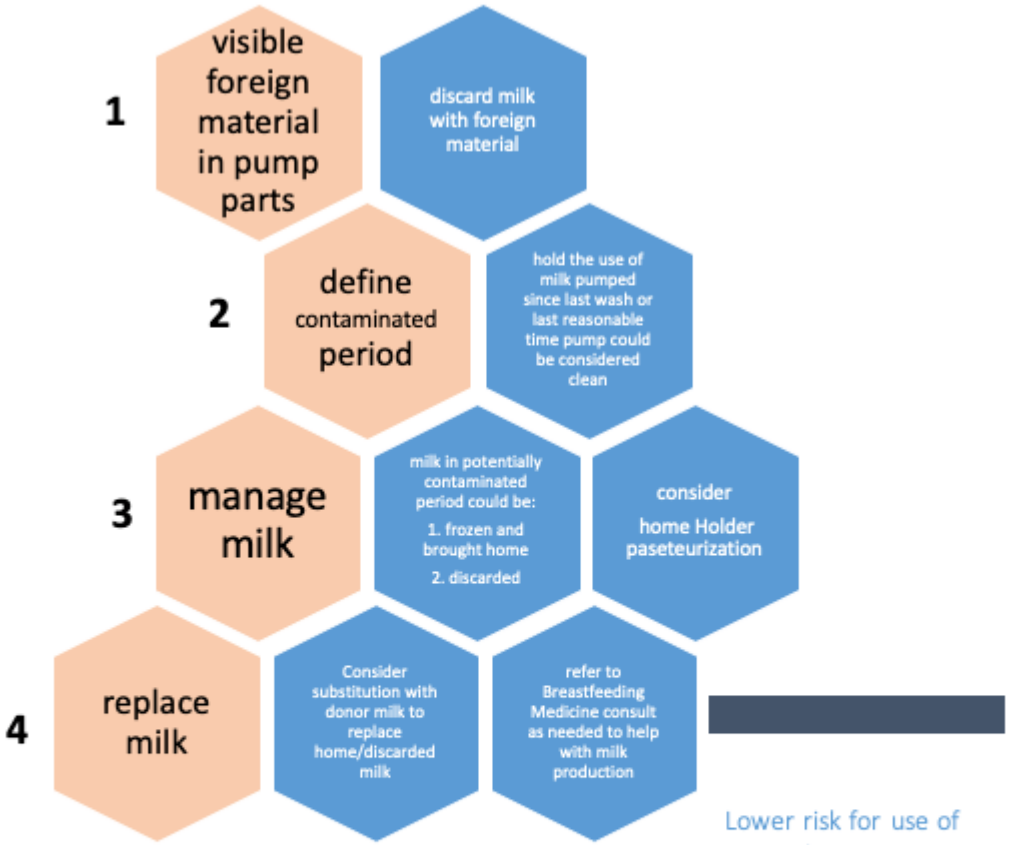
It is not necessary to clean breast pump tubing unless it comes in contact with breast milk. If you wash your tubing, make sure you hang it to air dry before attaching it to your breast pump. If small water drops (condensation) appear in the tubing after you have pumped, attach the tubes to the pump before you attach your flanges/bottles and turn the pump on for a few minutes until the tubing is dry.

What if I find mold in my breast milk?

At MotherToBaby UR Medicine, we have developed an algorithm (set of rules) to help people manage breastmilk that is potentially contaminated. It is meant to be used in hospitals for sick children, but can be useful for you and your health care provider. ***Most full-term, healthy, and older infants do not need the precautions outlined below.*** If you find foreign material in your breastmilk or pump parts, contact your baby's pediatrician to get advice on what to do.

If your baby is sick or premature, consider sharing the information below with your baby's provider if you find mold in your breastmilk or pump parts. It is meant to be followed in order from step 1, which includes discarding any milk with foreign material in it (like mold.) Step 2 can help to determine when any other expressed milk may have been affected. For instance, if you know you washed your pump 4 days ago and found the material today, any milk you pumped in the past 4 days could have been contaminated. Contaminated milk could be frozen, which is likely to kill most bacteria and many fungi, or it could be pasteurized using home pasteurization (Step 3). You also need to think about what should be fed to your baby in the meantime: do you have older, stored milk? Do you need donor milk? If you need to use formula, should it be "hypoallergenic?" (Step 4). These are good conversations to have with your baby's doctor. If you don't have enough breastmilk, some communities will have breastfeeding medicine specialty providers or lactation consultants who can help mothers with milk supply concerns. You can search for these providers online by clicking here.

Algorithm for decision-making when pump parts are found to contain foreign material (potential bacteria or fungus). The box at the lower right reminds providers which babies are at lowest risk from drinking milk that has any foreign material in it.


1
visible foreign material in pump parts
discard milk with foreign material
2
define contaminated period
hold the use of milk pumped since last wash or last reasonable time pump could be considered clean
3
manage milk
milk in potentially contaminated period could be:
1. frozen and brought home
2. discarded
consider
home Holder paseteurization
4
replace milk
Consider substitution with donor milk to replace home/discarded milk
refer to Breastfeeding Medicine consult as needed to help with milk production
Lower risk for use of milk w/ questionable contamination
1. Extubated
2. No central lines
3. Term
4. Normal gut function
5. Milk has been frozen
6. Milk has been pasteurized

Last, we want to leave you with words of encouragement because we know breastfeeding isn't easy. It's downright hard for most. Having that said, please know that resources like MotherToBaby are here for you and just by reading this blog, you're taking steps to ensure your milk is pumped and stored safely. You're doing a great job and we can be certain your baby appreciates all you do.

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Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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