



Breastfeeding Handbook

Revised 2016

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Baby-Friendly
Newfoundland & Labrador



**Newfoundland
Labrador**

Breastfeeding Handbook

Revised 2016



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Welcome to the Breastfeeding Handbook

This book is about how to start breastfeeding, and how to keep it going.

Here's how to make the best use of this book:

- ◆ Look in the Table of Contents to help you find answers to your questions.
- ◆ Use the pictures to help you learn about breastfeeding.
- ◆ Look in the Word List on page 84 for the meaning of any words marked with an asterisk (*).
- ◆ See Helpful Resources on page 81.
- ◆ In this book, the baby is called “your baby” or “he” or “she”.

Remember, this book may not have all the answers. You may need to check another book, or talk to people such as another breastfeeding mother, or your health care provider. There are also a series of fact sheets on a variety of breastfeeding topics that are available on www.babyfriendlynl.ca website.



Photo courtesy of Wendy Jolliffe



NOTE

The term “health care provider” is used throughout the Breastfeeding Handbook to describe a variety of professionals who provide health care services to pregnant women, breastfeeding mothers and their families. They may include: family doctors, registered nurses, midwives, obstetricians, nurse practitioners, lactation consultants, dietitians, physiotherapists, and social workers.



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Breastfeeding—the way to feed babies

Breastfeeding is the best start you can give your baby

Breastmilk is all your baby needs for the first six months of life. A breastfed baby has a good start in learning about healthy eating — he decides when to eat and how much to eat, and therefore grows according to his nature. Beginning at six months of age, you can introduce a variety of solid foods to your baby that are nutritious and high in iron. Breastfeeding should continue for up to two years and beyond. For more information on introducing solid foods, refer to *Healthy Eating for Your Baby Age 6-12 Months*, which is available from your public health nurse.

Most women are able to breastfeed. When your baby is born, both of you will need to learn how to breastfeed. Give yourself and your baby time to learn. There is no one “right way” to breastfeed. Trust your body. You grew your baby well during pregnancy, and now you will continue to do well as you nourish your baby with breastmilk.

Here are some ways you can learn about breastfeeding.

Talk to people who can help and support you:

- ◆ Your partner.
- ◆ A friend or relative who has breastfed.
- ◆ A doctor who understands and supports breastfeeding.
- ◆ Your prenatal educator or public health nurse.



Photo courtesy of Dayna Gillard

- ◆ Your hospital nurse.
- ◆ A lactation consultant, midwife, doula or a member of a community breastfeeding support group.

See Helpful Resources on page 81.

Breastfeeding is designed for babies

- ◆ Breastmilk is custom-made for your baby. It is the normal way to feed your baby.



Photo courtesy of Dee Dee Voisey

- ◆ Breastmilk contains unique substances such as antibodies*, live cells, hormones* and special protective growth factors.
- ◆ Breastmilk is easier to digest than commercial infant formula.
- ◆ Breastmilk contains special fatty acids not found in formula that help your baby's brain to develop and boost brain power.
- ◆ Antibodies in breastmilk protect your baby against common childhood illnesses such as diarrhea and vomiting, middle ear and chest infections, and allergies.
- ◆ The fat in breastmilk contains high levels of cholesterol, and this may protect your child from high cholesterol levels later in life.
- ◆ Breastfeeding may reduce your child's chance of being overweight or obese.
- ◆ Breastfeeding helps your baby to develop well-formed jaws, gums and teeth.
- ◆ Breastfeeding may help early speech development.
- ◆ Breastfeeding offers some protection against Sudden Infant Death Syndrome (SIDS) or crib death.
- ◆ Breastfeeding reduces your baby's chances of getting some diseases such as diabetes.

Breastfeeding is for all babies

This includes twins, triplets, premature babies, babies with special needs, and babies born by cesarean birth. For example, a mother of a premature baby makes breastmilk that is best suited for her baby. It takes a little more time and effort, but all of these babies can be breastfed. Talk with people who can help.

Breastfeeding helps mothers, too

- ◆ Breastfeeding provides a special time of closeness for you and your baby, and strengthens your attachment to your baby.
- ◆ Breastfeeding saves time.
- ◆ Breastfeeding helps control mother's bleeding after birth.
- ◆ Breastfeeding helps your uterus (womb) return to its normal size more quickly.
- ◆ Breastfeeding provides protection against breast and ovarian cancers and Type 2 diabetes.
- ◆ Breastfeeding helps new mothers return to their pre-pregnancy weight more quickly.
- ◆ Breastmilk is always available, “ready to serve”, clean, and at the right temperature. This makes it easier for night feedings and travelling.
- ◆ Mothers can continue to breastfeed after they return to work or school.



Photo courtesy of Russell Wyse

Breastfeeding is also good for family and community

- ◆ Breastmilk is free. No need to buy formula, bottles and equipment.
- ◆ Breastfeeding creates no pollution, extra packaging and waste.

- ◆ Breastfeeding decreases health care system costs—babies are sick less and have fewer visits to doctor and hospital.
- ◆ Breastfeeding reduces the number of sick days parents must use to care for sick children at home.

Breastfeeding is a new experience

Having a baby and breastfeeding are new experiences for everyone, whether this is your first baby or your second or third. Learning to breastfeed takes time (often up to 6–8 weeks to get it just right), patience, and practice even if you have already breastfed a baby. Remember as a first-time mother you are also adjusting to being a parent. It is well worth the effort. You can get support from your labour coach or the nurses caring for you. Don't be shy, any question is a good question. Your health care providers are there to help you.

Breastfeeding and Human Rights



Photo courtesy of Craig Anderson

Your right to breastfeed anytime, anywhere is protected by the Canadian Charter of Rights and Freedoms. There are situations when a breastfeeding mother may feel that her right to breastfeed in a public space is not respected. If you are concerned that your right to breastfeed has not been respected, report the incident to the NL Human Rights Commission and the Baby-Friendly Council of NL. Groups such as INFACT Canada and La Leche League Canada may also provide additional support and information. See Helpful Resources on page 81.

Returning to work is often seen as a barrier for women to continue to breastfeed. In Canada, women may have the opportunity for a paid one-year maternity leave. However, many women return to work earlier for a variety of reasons such as, ineligibility for maternity benefits (e.g., seasonal or contractual employment) sharing of parental leave with their partner, return to school and not being

able to afford the loss in income. You should know that the rights of breastfeeding women are protected and if you are returning to work you have a right to be accommodated in the workplace so that you can continue to breastfeed your baby.

The Baby-Friendly Initiative

The Baby-Friendly Initiative (BFI) is an international program developed by the World Health Organization and UNICEF. The main goal of the program is to protect, promote and support breastfeeding. The BFI encourages and recognizes hospitals and community health services that offer an optimal level of care for all mothers and babies, and their families.

This means that a Baby-Friendly hospital or community health service will help you to:

- ◆ Make an informed decision on how to feed your baby
- ◆ Be prepared with accurate and current information about breastfeeding
- ◆ Get off to a good start with breastfeeding in hospital
- ◆ Know how to access breastfeeding support in your local community
- ◆ Feel confident and supported to continue breastfeeding for as long as you and your baby wish.

A Baby-Friendly designated hospital or community health service has undergone a rigorous external assessment to achieve this status. Currently, there are no Baby-Friendly designated health facilities in NL. All provincial regional health authorities are striving to implement policies and practices that reflect the BFI standards.

For more information about the BFI go to:
www.breastfeedingcanada.ca



Photo courtesy of Malin Enström

A Word about Formula Feeding

Formula doesn't offer the same health protection as breastmilk. That's why babies who are fed formula may get sick more often.

They have less protection from:

- ◆ Common childhood illnesses (ear, chest and bladder infections)
- ◆ Intestinal upsets and bowel problems
- ◆ Some childhood cancers
- ◆ Diabetes (Type 1 and 2)

They are at higher risk of SIDS or crib death.

Breastfeeding also protects mom's health.

Women who feed their infants formula increase their risk of:

- ◆ Breast and ovarian cancers
- ◆ Postpartum bleeding

Formula feeding and breastfeeding don't always work well together. If you use formula while you are breastfeeding, you will make less milk. **This can lead to not having enough breastmilk for your baby.**



HELPFUL HINT

You can learn a lot from other breastfeeding mothers!



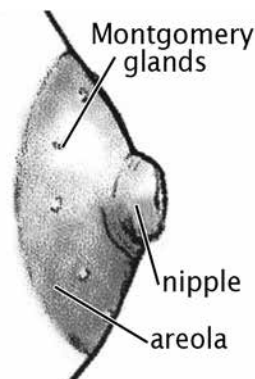
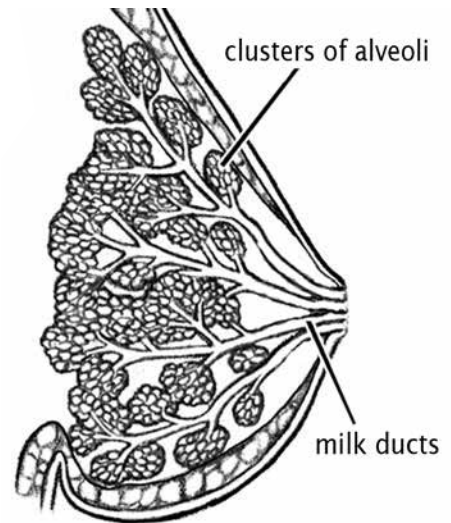
Photo courtesy of Shutterstock

Getting Ready to Breastfeed

The breast and how it works

The breasts are working organs of the female body. They can fully nourish one or more babies for many months after birth.

- ◆ The breast is formed by the skin, chest muscles, blood vessels, nerves, fatty tissue, and milk-producing tissue.
- ◆ The areola* is the darker circular area around the nipple.
- ◆ Montgomery glands, which are bumps on the areola, secrete a protective oily substance that lubricates the nipple and areola. The substance also discourages the growth of bacteria on the nipple and areola.
- ◆ Inside the breast, milk glands contain the alveoli* (milk-producing cells). Milk is released from the alveoli in response to your baby's suckling.
- ◆ Milk ducts carry the milk from the alveoli to the nipple.
- ◆ Each nipple has 15-25 duct openings from the milk ducts. About eight work at one time.



*Courtesy of Nova Scotia
Department of Health
Promotion & Protection*



Photo courtesy of Dee Dee Voisey

Changes in your breasts

Before pregnancy

Your breasts were getting ready to breastfeed before you ever thought about becoming a mother. Milk glands began to develop during your teenage years.

During pregnancy

The breast grows and develops in pregnancy because of the action of the hormones*. Also, the areola and nipple increase in size and become darker in colour. Milk glands and ducts increase in number and grow in size. Some women may have coarse hair around the nipple. This will not affect breastfeeding. Your breasts start to make milk at about 16 weeks of your pregnancy. Some women may leak colostrum* during pregnancy. This is normal. You can wear cotton or disposable nursing pads inside your bra, if needed. Avoid using nursing pads with plastic or waterproof linings.

Checking your breasts

Your health care provider may have checked your breasts and nipples during pregnancy. By handling and looking at your own breasts, you follow the changes during pregnancy. This will also help increase your comfort level for breastfeeding.

Nipple shape varies widely from mother to mother. You can check your nipples by doing the “pinch test”. First, look at your nipples and become familiar with their shape. Now check your nipples using the “pinch test”.

- ◆ Grasp about one inch of breast tissue and areola behind the nipple between your thumb and first finger.
- ◆ Pressing inward, gently squeeze your thumb and first finger together, slightly behind the nipple. Note what happens to your nipple.



Common

Nipple stands out, making it easy for your baby to grasp or latch onto your breast.

Flat

Nipple stands out only slightly or remains flat with the pinch test.

Inverted

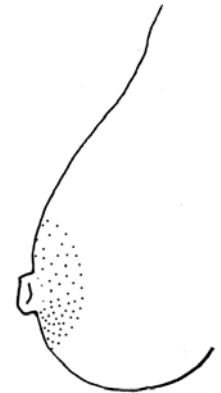
Nipple appears inverted or turned inwards before the pinch test and remains turned in.

Remember, a baby breastfeeds, not nipple feeds. If your nipples are flat or inverted you can still breastfeed. Also, some nipples may look inverted but with stimulation come out nicely.

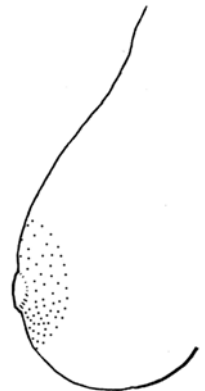
Flat or inverted nipples do not cause a problem with making milk, but they may make it harder for some babies to latch onto the breast. A baby with a normal suckle brings out the nipple during breastfeeding. Also, changes in your body's hormones during pregnancy will help. Using a breast pump to draw out the flat or inverted nipple just before breastfeeding can be helpful. Your nurse will assist you in the first few days. Contact your public health nurse or lactation consultant in the early days at home for help with latching on.

During breastfeeding

After the placenta or afterbirth is delivered, hormones stimulate the alveoli to begin making more colostrum*, your first breastmilk. You have already been making colostrum since the second trimester of your pregnancy. Colostrum has all the nutrients your baby needs and also has antibodies to protect your baby from some infections. You will produce a small amount of colostrum in the first three days. This is all your baby needs. The newborn's stomach at birth is about the size of a small shooter marble (holds about 5–7 ml). Colostrum is very concentrated and along with baby's small stomach size, your baby needs to feed often, day and night.



Common Nipple



Flat Nipple



Inverted Nipple

Average baby's stomach size

Day 1

holds 5-7 ml



shooter marble

Day 3

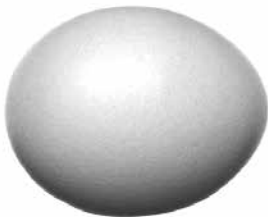
holds 22-27 ml



ping pong ball

Day 10

holds 60-81 ml



large chicken egg

The baby's stomach size increases gradually in the days after birth.

When your baby is put to your breast, the suckling sends a message to your brain. This message releases two hormones. One hormone, prolactin*, causes you to make milk. Your body makes more milk every time your baby suckles and swallows. This is called "supply and demand". **The more your baby breastfeeds, the more milk you will produce.** The other hormone, oxytocin*, causes the milk-ejection or let-down reflex. The let-down reflex happens when the alveoli release milk into the milk ducts. You may or may not feel a tingling sensation when let-down occurs.

Once your mature milk starts to "come in", usually around days 2-4 after birth, your breasts will get fuller as milk begins to fill the milk ducts. Your breasts may feel slightly uncomfortable. Breastfeeding more often helps to decrease this discomfort. This feeling of uncomfortable fullness is temporary and will settle once your milk production adjusts to your baby's needs.

Nursing bras

You may choose to wear a nursing bra during late pregnancy and later when you are breastfeeding. Here are some pointers when buying a nursing bra:

- ◆ Choose a cotton or cotton-polyester nursing bra of simple design that provides good support, covers the breast, and has non-elastic straps. Make sure you can easily open and close the nursing flaps with one hand. The flap should allow most of the breast to be uncovered.
- ◆ Avoid bras with plastic linings. These can produce moisture which may lead to infection.
- ◆ Avoid bras with underwires and rough seams. These may irritate your breast or compress your milk ducts.

Starting to Breastfeed

Begin with skin-to-skin

The best time to start breastfeeding is within the first hour after birth. During this time, your baby is usually alert and he may be eager to suckle. Cuddle your baby skin-to-skin on your chest immediately after birth for at least an hour. “Skin-to-skin” means your bare baby is placed face down, directly on your bare chest. Your body heat will keep your baby warm. You will both be covered with a warm blanket. Your baby then smells you, hears you, feels you, knows you from others, stays warm and is loved and comforted by you.

Skin-to-skin:

- ◆ Satisfies baby’s natural craving to be close to you.
- ◆ Steadies baby’s temperature, breathing, heart rate and blood sugar.
- ◆ Calms baby and reduces crying.
- ◆ Reduces stress in Mom and baby.
- ◆ Encourages bonding between Mom and baby.
- ◆ Promotes better breastfeeding.
- ◆ Allows Mom to learn baby’s early cues for feeding.
- ◆ Helps Mom’s recovery after childbirth.



Photo courtesy of Shutterstock



Photo courtesy of Soledad Porta

All mothers and babies can have skin-to-skin contact, even if you require stitches or have had a cesarean birth. Skin-to-skin contact is also important for low birth weight and premature babies. Your partner can also enjoy a snuggle skin-to-skin until Mom and baby are ready for breastfeeding. All healthy babies should remain skin-to-skin until after the first breastfeeding (two hours is the ideal).

In the hospital, ask your nurse to help you. Relax and enjoy this quiet, unrushed time for you and your new family.

How will I know when my baby is ready to begin breastfeeding?



HELPFUL HINT

Routine baby care procedures such as weighing, vitamin K and eye drops can be delayed until after you have had time for skin-to-skin contact and breastfeeding.



Watch for your baby's early signs or cues of wanting to breastfeed, such as rooting, licking her lips or putting her hands in her mouth. Crying is a late hunger cue. See page 67 for more discussion about this topic. Don't worry if your baby doesn't take your breast right away. Some babies like to nuzzle and lick the nipple. This also gets the milk-producing hormones flowing. The first feeding is a new experience and both of you are learning.

Breastfeeding as soon as possible after birth is good for you and your baby. Breastfeeding early helps you to make more milk. If this does not happen, don't worry; breastfeed the first chance you have. Keeping your baby skin-to-skin and hand expressing colostrum can help with baby's first breastfeed. It can also enhance your milk production. If separated from your baby for more than six hours after birth, you will need to start expressing your breastmilk. Express your milk as often as if you were breastfeeding. Your nurse will help you begin this process.

While you are breastfeeding in the hospital, you may want to turn off your phone, limit your visitors, close your door or pull the curtain around your bed.

Rooming-in with your baby day and night

If you have a healthy, full-term baby you will have your baby stay with you in your room throughout the day and night. This is called rooming-in. Your baby's bassinet will be kept right next to your bed. This is important in helping you get off to a good start with breastfeeding and in building an abundant milk supply. You will be able to:

- ◆ Notice and respond to your baby's early feeding cues.
- ◆ Get to know your baby's normal behaviour and feeding patterns.
- ◆ Cope better with the nighttime feedings.
- ◆ Feel more confident in your breastfeeding and mothering skills.

Your partner or support person will also be there to help you and to learn. Hospital staff will be there to guide you in caring for your newborn and to keep an eye on you and your baby's recovery. When you go home you will want to continue to keep your baby close to you throughout the night. Breastfeeding at night is important because your milk-producing hormone levels are higher at night. This will make breastfeeding go more smoothly, and help you to get more rest. Make sure that you keep your baby's crib in your room for at least the first six months. Sharing a room helps breastfeeding and also offers some protection against SIDS or crib death. The safest place for your baby to sleep is in a crib near you. For more information on *Safe Sleep*, go to page 86 or talk to your public health nurse.



How do I start breastfeeding?

When you are ready to start breastfeeding, make it as easy and relaxed as possible. Wear clothes that are loose so your baby can be held skin-to-skin. Breastfeeding early and often is the key to success. Keeping your newborn baby close to you through skin-to-skin contact or by carrying your baby in a sling (often referred to as “baby wearing”) is helpful in awakening his instincts to breastfeed and in calming your baby. Respond to his cues (see page 26) to feed as often as he shows them (feeding at least 8 or more times a day is normal).

Positioning and latch-on are the two basic steps.

For all positions:

- ◆ Start when your baby is calm, in a light sleep or quietly alert.
- ◆ Make sure you are relaxed and comfortable.
- ◆ Your back and arms are well supported.
- ◆ Baby’s head is at the level of the breast with the ear, shoulder and hip in a straight line. A pillow may be helpful.
- ◆ Baby’s body has full contact with yours.
- ◆ You may gently support your breast using a “C” hold with your hand. Try not to change the shape of your breast.
- ◆ Baby’s nose is approaching your nipple and his chin is touching you.

The following positions are often used, but there are other possibilities. You will find how you and your baby best “fit together.”

Biological Nurturing or Laid-back Nursing

This position builds on a baby’s natural reflexes to find the breast and nipple to feed. It works very well in the early days to awaken normal feeding behaviors.

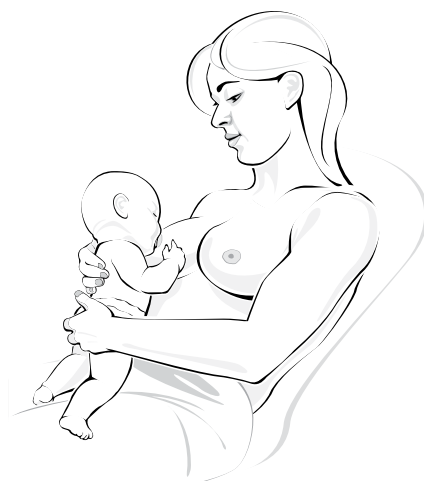
- ◆ Start by taking off your bra and top.
- ◆ Lean back in a semi-reclined angle, comfortable for you.



*Courtesy of Breastfeeding Protocols
for Health Care Providers
Toronto Public Health*

- ◆ Keep your baby skin-to-skin (wearing just a diaper).
- ◆ Place your baby in an upright position between your breasts with full skin-to-skin contact.
- ◆ Support your baby's bottom and back, but let gravity support him against your body.
- ◆ The baby will seek the breast by licking, nuzzling and nestling.
- ◆ Allow time for the baby to use natural reflexes to bob his head and search for the nipple.
- ◆ You can help your baby by lining up your nipple with his nose as he roots.
- ◆ Once the baby is latched, you can adjust your position for your comfort.

For more information and pictures, you can visit <http://www.breastfeeding.asn.au/bfinfo/attachment-breast>



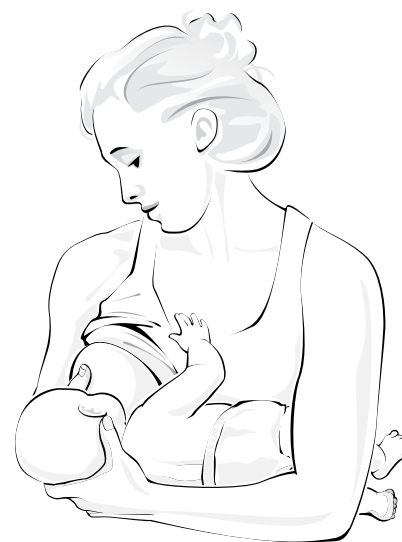
*Courtesy of Breastfeeding Protocols
for Health Care Providers
Toronto Public Health*

Cross-Cradle Hold

Many moms find this position comfortable when they are learning to breastfeed.

- ◆ Support your baby at breast level.
- ◆ Hold your baby facing you (belly-to-belly) so his face, chest and legs are touching you.
- ◆ Support your opposite breast in a relaxed “C” hold.
- ◆ His nose is facing your nipple, with his chin touching you first.
- ◆ As the baby opens his mouth wide, point the nipple to the roof of the baby's mouth; and at the same time, tuck the baby's shoulders and bottom in closer to you.
- ◆ Bring the baby in quickly, filling the mouth with your breast.

This allows the baby to comfortably latch onto your breast with a deep latch.



*Courtesy of Breastfeeding Protocols
for Health Care Providers
Toronto Public Health*

Football Hold



This hold can be helpful for moms if they have a cesarean birth, larger breasts, a premature baby, a baby with low muscle tone or a baby having difficulty latching.

- ◆ Your baby is snuggled close at your side underneath your arm in a straight line.
- ◆ His bottom is by your elbow and his nose by your nipple.
- ◆ Your baby's head is tilted back slightly with his chin touching you.
- ◆ When the baby opens wide, bring the baby close for a deep latch.

Cradle Hold



This position is commonly used when you are comfortable with breastfeeding and your baby is latching well. Mothers can transition into the cradle hold after latching baby in the cross-cradle position.

- ◆ Support your baby at breast level.
- ◆ Hold your baby belly-to-belly by wrapping your arm around your baby so his head is just below your elbow.
- ◆ Place the baby's lower arm around your side and make sure your baby's head is tilted back slightly as he comes to the breast.

Side-lying



Some women use this position for increased comfort after a cesarean birth, painful episiotomy or if they have long or heavy breasts.

You may need help to learn this position.

- ◆ Lie on your side with your head, and back supported.
- ◆ Your baby is facing you belly-to-belly.
- ◆ You may need a folded blanket under the baby and a roll to his back to keep him facing you.

*Courtesy of Breastfeeding Protocols
for Health Care Providers
Toronto Public Health*

Latch-on

- ◆ Make sure your baby properly grasps or latches onto your breast. See page 18 for signs of a good latch.
- ◆ To help your baby latch onto your breast, bring him near your breast with his head slightly tilted back and his nose at the level of your nipple. Touch or stroke his lips with your nipple. Be patient and wait for baby's mouth to open wide like a yawn with his tongue down. Aim the nipple toward the roof of the baby's mouth. The chin and lower jaw should make first contact with baby's mouth open wide. The baby's lower lip and jaw should be as far away from the nipple as possible so his tongue draws lots of breast into his mouth. This also makes it easier for the nipple to extend well back in the baby's mouth where the hard and soft palates meet.
- ◆ Your baby should have a deep latch with a large amount of your areola and breast tissue under your nipple in his mouth.
- ◆ If your baby's nose is pressed into your breast and you are worried about his breathing, try moving his bottom in closer to you, using your elbow to draw him in towards your body. This will place his head and neck in a tilted back position allowing him to breathe freely and swallow your milk more easily. Just like you, baby needs his head tipped back in order to drink well. You can remove your supporting hand once baby is latched on. If you have large breasts, a tightly rolled up facecloth placed right up under your breast may help give support.



HELPFUL HINT

Undress your baby so that you breastfeed skin-to-skin.



HELPFUL HINT

When latching on, bring your baby to your breast, not your breast to your baby.



Milk-ejection reflex (let-down reflex)

The let-down reflex is your body's reaction to release milk from the breast so it is available to the baby. It usually occurs very soon after your baby begins suckling at your breast.

Let-down is different for each woman. Some women may have several let-downs during a feeding. Some women do not feel any signs of let-down, or do not become aware of this reflex

for several days or weeks after their baby is born. You may notice any of the following signs of let-down:

- ◆ A feeling of fullness or pressure in breasts.
- ◆ Milk leaking from one breast while your baby feeds from the other breast.
- ◆ Menstrual or period-like cramps while breastfeeding your baby in the early days of breastfeeding (more intense with second or more babies).
- ◆ A “pins and needles” or tingling feeling in breasts.
- ◆ A warm “rush” or burning sensation in breasts.
- ◆ A feeling of relaxation as you breastfeed.
- ◆ A change in baby’s suckle-swallow, from quick to long, slow suckles with regular swallowing.
- ◆ Milk appearing in corners of baby’s mouth.

Some mothers’ let-down may take a few minutes to occur. As you relax and become more experienced at breastfeeding, your let-down will respond more quickly and freely when your baby suckles.

Signs of a good latch

Your health care provider will watch you breastfeeding and assure you that your baby is latched on well and suckling before you leave hospital. It is very important that your baby has a deep latch to prevent sore nipples and get milk more easily. These are the signs that your baby is latched on well:



Photo courtesy of Frischknesht, Stillen Kompakt, 1. Edition 2007 © Elsevier GmbH, Urban & Fischer, Munich.

- ◆ Wide open mouth.
- ◆ Lips are curled outwards.
- ◆ More of areola showing above baby’s mouth (baby’s upper lip is closer to the nipple giving baby a bigger mouthful of the underside of the breast).
- ◆ Chin touching breast.
- ◆ No dimpling of cheeks.
- ◆ No “clicking” or “smacking” noises as your baby suckles.

- ♦ Nipple shape is the same at the end of the feeding (rounded, not pinched or creased) as it was at the beginning.

Is my baby suckling well?

When your baby first starts to suckle you will notice quick, gentle suckles that stimulate the let-down reflex. Once the milk has let-down you will notice a slow, rhythmical suckle (1–2 sucks per swallow with short pauses) as the baby settles in to your breast. This type of suckling for several minutes at each feeding helps you make milk. You may hear the baby swallowing milk. This is reassuring; however, sometimes you may not hear the swallowing and yet your baby is still getting lots of milk. Ask your health care provider to show you how you can tell that your baby is drinking your milk.


Ending a feeding

Encourage your baby to nurse at the first breast for as long as she wishes, and always offer the second breast. Your baby will let you know when she has had enough. Each baby is different. **There are no rules for how long and how often you should feed your baby.** Remember that the baby gets the higher fat milk as the breast is emptied, and this milk is important in satisfying your baby and helping her to grow well. Feed your baby often. Most healthy breastfed babies feed at least every 2–3 hours, and that means at least **8 or more** times in 24 hours. Every baby is different and some babies seem as if they are always on the breast. This may be quite normal. You will get to know your baby and continue to recognize her needs.

Your baby usually ends the feeding on her own by letting go of your breast. Often she has had enough or may need to burp. If you must take your baby off your breast, you can break the suction by placing your clean finger in the corner of your baby's mouth between her gums. Do not pull your baby off your breast as this may cause sore nipples.




HELPFUL HINT

There may be some initial discomfort (20–30 sec) as the baby latches on. If this continues and you remain uncomfortable, try tucking baby's bottom in closer to your body. You may need to take the baby off and latch him on again. 



HELPFUL HINT

In the first few days after birth your baby may nurse for shorter periods and there will be less swallowing until the milk "comes in". 

After each feeding, express a small amount of breastmilk onto your nipples and allow your nipples to air.

How should I care for my breasts?

Your breasts need very little extra care other than what you normally would do in a daily shower or bath. Avoid soap on your nipples as it may remove the protective secretions from the Montgomery glands. Drying soaps may encourage the development of cracks. A key way to keep your nipples healthy is ensuring that your baby has a deep latch at every breastfeeding. The routine use of creams and ointments is unnecessary unless they are prescribed by your physician. After each feeding, express a small amount of breastmilk onto your nipples and let them air. If you choose to wear breast pads in your bra between feedings, change the pads frequently and use cotton or cloth pads.

Burping your baby

Breastfed babies usually swallow less air and may not need to burp as often as bottle-fed babies. You can often tell a baby needs to be burped by her fussing and squirming, or coming off and on the breast. You can burp your baby before a feeding, before offering the second breast, and at the end of a feeding.

Here are four burping positions to try:



- ♦ Sit your baby on your lap. Support her head with one hand while gently rubbing her back with the other hand.

- ♦ Lie your baby on her stomach across your lap, turning her head to one



side so that her nose is free. Gently rub your baby's back from the bottom to the top.



- ♦ Hold your baby so that her stomach presses your shoulder. Massage or gently pat the center of her back, pressing firmly from the bottom to the top.

- ♦ Lie your baby on her stomach on your arm. Her head should be near your elbow, and your hand holds her between her legs. Gently rub her back with your other hand.



Photo courtesy of Dennis Rashleigh

**HELPFUL HINT**

The third day after birth can be a challenging time for new mothers. Often this is when your milk is “coming in” and some babies struggle with latching onto a fuller breast. Also, nipple soreness is at its peak. Make sure that you know how to get help at this time. If you are ready to go home, consider if your baby is also ready or needs some more time.



Early Concerns

Trouble latching

Some babies have difficulty latching onto the mother’s breasts in the early days of breastfeeding. There may be challenges with the baby opening his mouth wide enough, or with the shape of a mother’s breasts and/or nipples. This is often more difficult around the time of the milk “coming in”. When the breasts are overfull or engorged, the baby has trouble trying to compress the tight breast (think of an overfull balloon) and often slips off the breast or latches on only to the nipple. Other possible causes include difficult labour and birth, low milk supply, stress, and forceful let-down reflex.

Some babies refuse the breast or have trouble latching because they are not sure what to do. Never force a baby to the breast. Talk to a lactation consultant or an experienced health care provider. Stay calm as your provider helps you to express your milk and feed your baby using alternate methods such as spoon, cup, lactation aid or bottle. Lots of skin-to-skin contact and quiet, unrushed time with your baby are important. Try biological nurturing or laid back nursing. See page 14.

Coping with the second night

Remember that your baby’s stomach capacity at three days is only the size of a ping-pong ball. Some mothers notice that on the second or third night their baby nurses a little bit and falls off to sleep. When you try to remove your baby from the breast, he cries and roots for the breast. This goes on for hours. You have enough breastmilk. Colostrum is low in volume but full of



Photo courtesy of Dennis Rashleigh

protein and nutrients. It is changing to become more mature breastmilk. Keep your baby skin-to-skin and offer the breast to settle and comfort him. This will also boost your milk production, your breastmilk will come in earlier, and you'll have less chance of being engorged. You will also reduce jaundice and weight loss in your baby.

Sleepy baby

It is normal for babies to become quite sleepy about 1-2 hours after birth. Your baby may sleep for 6-8 hours and then wake up and breastfeed. If he has had a good breastfeeding just after birth you will be reassured that your baby is doing well. Some babies sleep a lot in the first week or two of life. You may find that your baby breastfeeds a short time and then falls asleep. However, a baby who is sleeping too much may not be getting enough breastmilk.

You may need to encourage your baby to breastfeed. Try undressing your baby and placing him skin-to-skin. Massage your baby's back, tummy, arms and legs to stimulate him. If your baby falls asleep at the breast after the first let-down of milk and seems to be only "comfort suckling", try breast compression*. Hold your breast with one hand well back from the nipple and areola and squeeze firmly (not so hard that it hurts). This should allow more milk to flow to your baby and encourage him to suckle more effectively. Continue the squeezing (compression) of your breast until your baby stops swallowing, and then release and squeeze again. Ask your public health nurse or lactation consultant about this technique. It really works and makes your feeding more effective and efficient for sleepy babies. Because breast compression stimulates a let-down of milk your baby will get more high-fat milk.



Photo courtesy of David Jack



HELPFUL HINT

Gentle massage of the breast throughout a feeding encourages milk flow and increases the fat content of the breastmilk.



Breast fullness



HELPFUL HINT

Normal breast fullness is different from engorgement. See page 52 for information about engorgement.



Your breasts may feel full in the first week after your baby is born. You may notice an increase in the fullness of your breasts as the milk “comes in”, around days 2–4 after birth. This is normal and a sign that your breasts are making more milk. Your breasts become heavier and even a little tender. They will not always feel this way. Continue to nurse your baby often, without any time limits, and that means at least 8 or more times in 24 hours. After a few weeks, your breasts may feel softer and less full. Your milk is still there and ready for your baby. Avoid formula or water supplements and pacifiers as they reduce baby’s sucking time at the breast. Make sure that your baby is positioned and latched on well to the breast.

Early engorgement

Even though breast fullness is normal in the first few days after birth when the milk is “coming in,” sometimes the breasts can become overfull, swollen and tender. This is called engorgement and when this happens, it may be more challenging for your baby to latch on well and feed effectively. You can prevent engorgement by: feeding your baby early, often and without time limits; positioning and latching your baby well and avoiding unnecessary supplements, bottles and pacifiers. For more detailed information about engorgement see page 52.



HELPFUL HINT

Avoid supplements for your baby unless your health care provider tells you that they are necessary (medically indicated). Avoid bottles, artificial nipples and pacifiers until breastfeeding is well-established (at least six weeks).



Exclusive breastfeeding

Breastmilk is all your baby needs in order to grow well for the first six months. Exclusive breastfeeding means that your baby receives only your breastmilk and nothing else. Your baby needs no other fluids unless prescribed by your physician. That means no extra water, sugar water or formula. Babies who are exclusively breastfed stay healthier than babies who receive formula and breastmilk.



Photo courtesy of Shutterstock



HELPFUL HINT

For more information about breastfeeding premature infants and multiples go to the following links

<http://www.llli.org/nb/nbpremature.html>

<http://www.lalecheleague.org/nb/nbmultiples.html>



Photo courtesy of Virginia Faucher



Photo courtesy of Shutterstock

Keeping Breastfeeding Going

How do I know when my baby wants to breastfeed?



Photo courtesy of Pia Pehtla

You will soon get to know what is normal feeding behaviour for your baby. All babies latch on and breastfeed better if they are fed when they show signs of readiness or cues for feeding. These signs include: rapid eye movement below the baby's closed eyelids, mouth activity such as licking, making sucking sounds, turning or rooting towards anything that touches his cheek, trying to suck on his fingers, fists or lips, and stretching or stirring. Follow your baby's cues. Try to feed her before she cries, as this can be frustrating for you both. Crying is a late feeding cue. It may be harder to latch a baby who is upset and crying. (When the baby cries, her tongue lifts to the roof of her mouth. The tongue should be down and over the baby's gums when breastfeeding.)

Baby's breastfeeding and sleeping habits

All babies have their own feeding and sleeping habits. Breastfeed your baby as often as she is interested or "on cue". Many babies will need to breastfeed every 2–3 hours during the day and night, at least 8 or more feedings in 24 hours. Remember, breastfeeding at night boosts your milk production and prevents engorgement.

Your baby may breastfeed more often at certain times of the day (every hour for 2–6 hours) and then sleep for a longer period. This is called cluster feeding and it is normal. Some mothers worry that they do not have enough milk if their baby seems to want to be on the breast often. Follow your

baby's cues. Frequent breastfeeding in the early weeks helps to establish a plentiful milk supply at six weeks.

As your baby grows, she will set her own sleeping and feeding patterns. A breastfed baby may feed about every two hours during the day and sleep for longer stretches at night by the age of 2-3 months. There is no set age when a baby should sleep through the night. In fact, most healthy breastfed infants wake often for night feedings well into their first year of life.

How often and how long should I breastfeed?

There is no need to watch the clock! Watch for your baby's early feeding cues. Let your baby nurse as long as he wants at each feeding. The length of each feeding will vary because each mother and baby is different. Just like adults, some babies take a long time to feed and others prefer short meals or snacks. Breastmilk changes during a feeding. As you begin to nurse, your baby receives the foremilk*. Foremilk is high in nutrients but low in fat and calories. As the feeding continues and your breasts empty, the milk your baby receives is higher in fat and calories.

Feeding times vary a lot in the early days of breastfeeding. Many mothers find that they have to encourage their baby to breastfeed. Sometimes the feedings may seem as if they go on for a long time. As your baby gets older, he will nurse more efficiently. Let your baby nurse at one breast as long as he wants, burp and change his diaper and then, offer the second breast.



HELPFUL HINT

Some babies are satisfied after nursing well on one breast, while others breastfeed on both breasts at every feeding. If your baby does not nurse on the second breast, start the next feeding on that breast.



Photo courtesy of Darrell Kean

**HELPFUL HINT**

Removing milk from your breasts is the trigger for ongoing milk production. When the milk is not removed by the baby's suckling or by expression, your brain receives a signal to stop making milk.



How do I know if my baby is getting enough breastmilk?

The more your baby breastfeeds well, the more milk you will produce. Be assured that you can produce enough milk for your baby.

The baby's growth is a good sign of how much milk he is getting. Normally, all babies will lose some weight during the first few days of life, usually from 7–10% of their birth weight. They usually return to their birth weight by about two weeks. The normal range of weight gain is about 5–8 ounces per week (142–227 gm per week) for the first four months. The rate of weight gain generally slows down after four months.

Other signs that breastfeeding is going well:

- ◆ You can hear swallowing at the breast.
- ◆ Your baby is content after most feedings.
- ◆ Your breasts feel softer after a feeding.
- ◆ Your baby feels heavier and is starting to fill out his clothes.

Remember that every baby grows at his own pace. Talk to your health care provider if you are concerned about your baby's growth.

Wet diapers and bowel movements

The number of wet diapers and bowel movements a baby has every day is an important sign of how much milk she is getting.

Before your milk comes in, the baby's urine may be concentrated with reddish-brown spots or crystals appearing on the diaper. This is normal during the first few days. Just feed your baby often. After the first week of life, the urine should be pale in colour and mild smelling.

Disposable diapers may not feel wet even when they are. To know what a "wet" disposable diaper is like, pour 2–4 tablespoons of water in a dry diaper and feel the weight of the wet diaper as compared to a dry diaper. Another way is

to put a tissue inside the disposable diaper before putting it on your baby, and then note its wetness after your baby has wet the diaper. As your baby gets older, the diapers will feel even wetter.

The number of bowel movements will also differ between babies and can go through several changes. They can be very loose, spurty, seedy, mild in odour, and change from black to dark green (tar-like) to mustard yellow within the first week. There should be no black bowel movements after day five. The baby may have bowel movements with every feeding during the first weeks. During the first month, at least three or more bowel movements every day is a sign that the baby is receiving enough milk. After the first month, as the baby's digestive system matures, the baby's bowel movements may be less frequent, once every 3-4 days. Some babies have bowel movements only once a week without being constipated. Loose, spurty bowel movements are not diarrhea. Infrequent bowel movements are not constipation. Both patterns are normal, depending on your baby's age.

Here is a chart with the numbers to reassure you that your baby is getting enough breastmilk:

Age	Wet diapers per day	Bowel movements per day
Days 1-2 (colostrum)	1-2	1 or more black to dark green, sticky (tar-like)
Days 3-4 (milk coming in)	3 or more, pale urine, diapers feel heavier	3 or more greenish-brown or yellow (becoming lighter as baby takes in more breastmilk)
After first week (milk is in)	6 or more, pale urine, heavier diapers	3 or more soft yellow, may be loose or seedy
After 4 weeks	6 or more, pale urine, heavy wet	Depends on your baby, some have 1 or more soft and large. Other babies may go several days without a bowel movement.



HELPFUL HINT

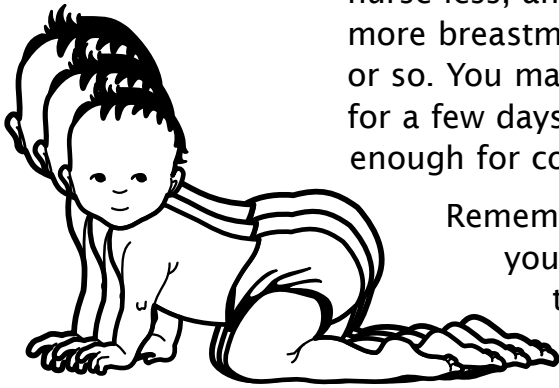
If lots of bowel movements come out, lots of breastmilk went in.



Growth spurts

Babies have times when they grow very fast. Growth spurts can occur at any time, but usually happen around 10 days, 3 weeks, 6 weeks, 3 months and 6 months. They last for a few days. Each baby is different, so don't worry if your baby's growth spurt is not exactly at these times.

You may notice that your baby will want to feed more often and may be fussy during a growth spurt. Follow your baby's cues. Nursing more often than usual for a few days will increase your milk production to match your baby's appetite. You need to rest as much as possible, eat well, and always satisfy your thirst with water. You do not need to give your baby bottles of formula or water. This will make your baby nurse less, and reduce your milk production. You will make more breastmilk to meet your baby's greater demand in a day or so. You may even feel that your breasts are a little overfull for a few days after the growth spurt. Hand express just enough for comfort.



Remember, you can and will make enough milk for your baby during these growth spurts. It helps to have supportive people around who don't question the adequacy of your breastmilk during this time.

Nipple preference

Sometimes a newborn baby finds it difficult to switch back and forth between artificial nipples and the breast, especially during the early weeks of breastfeeding. The baby's tongue, jaw and mouth all move differently during breastfeeding, compared to using a bottle or a pacifier. The cue for suckling is stimulation of the hard palate or the roof of the baby's mouth. The baby may miss this cue from the softer breast if he is used to harder artificial nipples. Wait until your baby is at least six weeks old before introducing artificial nipples.

Vitamin and mineral supplements for mother

Multivitamins

Health Canada recommends that all women who could become pregnant and those who are pregnant or breastfeeding take a multivitamin containing folic acid every day. Talk to your health care provider about choosing the right multivitamin for you.

Vitamin and mineral supplements for baby

Vitamin D

Babies who are being breastfed or receiving breastmilk need a daily vitamin D supplement. Vitamin D helps us use calcium to build and maintain strong, healthy bones and teeth. If a baby does not get enough vitamin D, she is at risk of getting rickets. Rickets is a disease in which the bones do not grow properly.

Give your baby 400 IU (10 mcg) of vitamin D every day from birth to 24 months of age. If you completely stop breastfeeding before your baby is 24 months of age, stop giving the vitamin D supplement. Use a liquid vitamin D supplement that does not contain other vitamins; the label of vitamin D drops will state either “vitamin D” or “vitamin D3”. Follow the instructions on the box to measure the 400 IU (10 mcg). You can put the vitamin D directly into your baby’s mouth unless the box instructions tell you to give it another way.

If you breastfeed your baby after 24 months, stop giving the vitamin D supplement. After 24 months, your child will get vitamin D if you follow *Canada’s Food Guide*, which includes offering your child 500 mL (2 cups) of cow’s milk a day.



Photo courtesy of Heather Gates

Can I take a vitamin D supplement instead of giving it to my baby?

No. *Canada's Food Guide* recommends that breastfeeding mothers take a multivitamin containing folic acid every day. Even when you take a multivitamin that contains vitamin D, your breast milk will not likely have enough vitamin D to meet your baby's needs. So it is important to give your baby a daily vitamin D supplement.

If my baby is breastfeeding and also getting some formula or cow's milk, should I give her a vitamin D supplement?

Yes. If your baby is breastfeeding and also getting some formula (or cow's milk after 9 months), give her 400 IU (10 mcg) of vitamin D every day, no matter how much formula or cow's milk she gets.

Iron

The healthy full-term infant has ample iron stores at birth, and these stores will last until the baby is about six months old. The iron in breastmilk is much more available to the baby than the iron in formula. At six months, he also needs to get iron from iron-rich solid foods such as infant cereals and foods from the Meat and Alternatives group. Offer iron-rich foods at least twice a day, with at least one of them being from Meat and Alternatives.

Premature infants may need an iron supplement from eight weeks of age to one year. Check with your health care provider about this.

Fluoride

Fluoride drops are not recommended for babies less than six months of age. Some babies may need fluoride drops after six months of age. Fluoride drops should only be given to a baby upon the advice of a dentist.

Expressing breastmilk

Once breastfeeding is going well, you may wish to express breastmilk. For example, you might express when you need relief from full breasts, want a break from your baby, return to work or school, or are away from your baby.

Many mothers find it easier to express breastmilk when relaxed and not feeling rushed. Good times to express breastmilk are: when you and your baby have had a good rest; in the morning, when your breasts are more full; when your baby has taken only one breast at a feeding; and when your baby would normally have breastfed.

Did you know?

- ◆ Some mothers breastfeed successfully but may not be able to express breastmilk.
- ◆ Your baby's suckling at your breast is more efficient than expressing.
- ◆ It takes about the same amount of time to express breastmilk as it does to feed your baby.
- ◆ It may be easier to express milk from one breast while the baby is feeding on the other. The baby breastfeeding helps stimulate the let-down reflex, and the milk will flow more readily.



HELPFUL HINT

Relaxation and breathing exercises may help with the let-down of milk. Have your baby or a picture of your baby near you. Take a warm shower or bath, or wet a clean cloth diaper with warm water and place on your breasts. Expressing your milk while you are in the bath is helpful.



How do I express breastmilk?

You can express your breastmilk by hand, or by using a manual or electric breast pump. It should not hurt to express milk by hand or by pump.

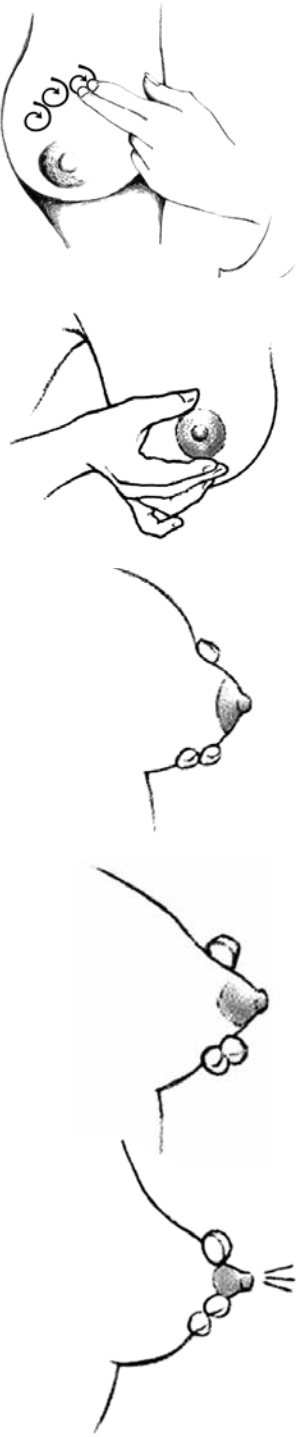
There are different ways to express breastmilk:

- ◆ Hand expression—natural, easy to learn, convenient, and no equipment needed.
- ◆ Manual pumps—easy to use, easy to carry and not very expensive.
- ◆ Electric pumps—more expensive, can be rented, better for long-term expression needs.

Hand expression

Here's how to express breastmilk by hand. When done properly, hand expression should not hurt. In the early days of breastfeeding it is often helpful to hand express a little milk to make your breast softer and easier for the baby to latch onto the breast, and to drip milk onto baby's lips to encourage baby to latch.

1. Wash your hands well.
2. Find a comfortable place where you can have your breast bare.
3. Think about your baby. Have him near you or look at his picture.
4. Put warm compresses on your breast. Gently massage, stroke or shake the breasts to help get the milk flowing before and while expressing milk.
5. Use the smooth end of your fingers to gently massage your breast. Start at the top and move around the breast and down the nipple. Move the fingertips around in small circles to get the milk flowing.
6. Lean forward.
7. Have a clean bowl or cup ready to catch expressed breastmilk.
8. Cup the breast or support it with your thumb above the nipple and the first two fingers below the nipple, forming the letter "C" about 1-1½ inches behind the nipple.
9. Gently push straight into the chest wall. Do not squeeze the nipple. Pressing or pulling directly on the nipple will damage it.
10. Gently roll your thumb and fingers forward at the same time, like rolling a marble between your fingers.
11. Repeat steps 8-10 for about five minutes on the first breast and then switch to the other breast, rotating your thumb and fingers to milk all the areas where the milk flows under the areola. Go back and forth to each breast 2 or 3 times. The milk will come in drops at first and then as the milk starts to flow, it may spray.



*Courtesy of Nova Scotia
Department of Health
Promotion & Protection*

Breast pumps

Manual pumps

These are simple, easy to use and carry, least expensive and easily cleaned. They are best used for short separations from your baby such as when you go to work or school, have an evening out, or need relief from overfull breasts.

There are many types of manual pumps. Make sure you buy from a good quality pump company. Seek advice for your specific needs and price range.

Battery-operated pumps

These can be used with one hand and are easy to carry. Some have electric adaptors. However, they are expensive to buy, some are noisy, and new batteries are also expensive. When the batteries start to wear out, the pumps are not as effective.

Electric pumps

These are useful when you are separated from your baby for a long time, or with a sick or premature baby who is not able to feed directly from the breast. The electric pump with a “double set-up” allows a woman to pump both breasts at the same time. This cuts down on pumping time, and helps to increase the prolactin levels. Electric pumps are the most expensive, but they can be rented from drug stores by the week. When you rent a breast pump, you need to buy the attachments for it. Check with the pharmacy in your community. Lawtons Pharmacy is one of the main suppliers of breast pumps in the province.

Using manual or electric pumps

Getting ready to express breastmilk with a pump is the same as getting ready to express by hand. Pumping breastmilk should never hurt. Start with steps 1–5 in Hand Expression on page 34. Continue with these steps.



HELPFUL HINT

Always follow the manufacturer's instruction for routine cleaning and sterilizing of breast pump parts. Take time to read the instructions that come with your pump.*



**HELPFUL HINT**

For occasional breastmilk expression, express after or between breastfeedings. When expressing using a double set-up electric pump to maintain your milk supply for a sick or premature infant, or when you are separated from your baby, you will need to express at least eight times in 24 hours for about 15 minutes each time.



6. Place the breast pump flange on your breast so the nipple is in the centre of the flange. Make sure the flange is big enough that it won't rub the nipple when pumping. If the nipple fits too snugly in the flange, you will need a larger size flange. Depending on the type of breast pump you are using, or the manufacturer, larger flanges may be available for purchase separately.
7. If there is a pump setting, always set it on "low" to start, then increase it to your comfort level.
8. For manual pumps, gently pull the plunger in and out, pulling only halfway out for the first couple of minutes to get the milk flowing. Once the milk is flowing, use long steady strokes. For electric pumps, turn the pump on.
9. The milk will come in drops at first, and then as the milk starts to flow it may spray.
10. Pump on one breast for about five minutes, then go to the other breast and switch back and forth for a total of 10–15 minutes on each breast. It may also help to massage your breasts during pumping to increase flow and production.

**HELPFUL HINT**

"Hands on pumping" is a technique that combines pumping, breast massage and hand expression. It has been shown to increase milk production. See the following link for a video demonstration. <http://newborns.stanford.edu/Breastfeeding/MaxProduction.htm>.

**Storing breastmilk**

Breastmilk can be kept safe and nutritious with proper handling and storage. Here's how to store breastmilk:




1. Wash your hands thoroughly with soap and water.
2. Pour freshly expressed breastmilk into a clean, glass container or a hard plastic container (that is bisphenol A free) with a well-fitting lid. Special freezer bags for storing breastmilk are okay for occasional storing. The fat droplets cling to the bag, however, and reduce the amount of fat the baby receives. Disposable bottle liners or plastic bags are not recommended.
3. For longer storage it is best to freeze your breastmilk. If you are freezing breastmilk, pour it into a clean, glass or hard plastic container, or a special breastmilk freezer bag. Leave some space (1 cm) at the top of the

container or bag since the milk will expand. Seal the container, mark the date on it and store it upright in the freezer.

4. You can add freshly expressed breastmilk to a partially-filled container of frozen milk. First, cool the fresh milk in the refrigerator for 30 minutes. This keeps the fresh milk from thawing the top layer of the frozen milk. Do not add more than the amount of milk already in the container.
5. Thaw frozen milk in the fridge. Milk can also be thawed quickly in a container of warm water (not to exceed 37°C) . Make sure the water does not touch the lid. Once the milk is liquid, but still chilled, dry the bottle and refrigerate until use. Do not use the microwave to either thaw or warm breastmilk as it may destroy nutrients. Microwaved milk may be unevenly heated and could cause burns. Never let frozen breastmilk thaw at room temperature. Never thaw breastmilk in boiling water. Do not refreeze thawed breastmilk. Use milk within 24 hours after thawing.
6. Warm thawed or refrigerated breastmilk by placing it in a bowl of warm water. Do not heat it in a microwave because this may destroy nutrients and/or create “hot spots” that can burn your baby. The cream in breastmilk rises to the top, so shake the milk gently before feeding your baby. Check that the milk is not too hot by shaking a few drops on the inside of your wrist.




NOTE

When storing breastmilk, use clear plastic containers labeled with the recycle symbol  or . 




NOTE

Breastmilk that has an unpleasant or soapy odour or taste after storage is safe to feed your baby. The milk is not spoiled. It is likely due to the lipase in breastmilk. Lipase is an enzyme that breaks down fat. Some babies will refuse to drink the stored milk. Scalding the milk before freezing or refrigeration will inactivate the lipase. To scald, heat the milk in a saucepan until just below the boiling point (small bubbles form around the edge of the pan but milk should not come to a boil). Remove milk from heat and cool before storing. 

Breastmilk storage guidelines (healthy term babies)



NOTE

Always make sure your milk is stored in the coldest part of the fridge (at the back of fridge, not the door). If the fridge temperature goes above 4°C after three days storage, use the breastmilk that day or throw it out. In a well-used fridge (door is opened and closed often and the amount of food in the fridge varies from very full to near empty), your breastmilk should be used within three days. 

	Fresh Breastmilk	Thawed Breastmilk
Room Temperature (19°C to 22°C)	6 hours	1 hour
Refrigerator (0°C to 4°C)	6 days	24 hours
Cooler with Frozen Ice Packs (15°C)	24 hours	24 hours
Freezer Compartment of Single Door Fridge (-15°C)	2 weeks	Never refreeze thawed milk
Refrigerator Style Freezer of Two Door Fridge (-18°C to -13°C)	3–4 months	Never refreeze thawed milk
Deep Freezer (-18°C)	6–12 months	Never refreeze thawed milk

Feeding tips for providing breastmilk

- ◆ Gently shake warmed breastmilk and test the temperature on your wrist before using it.
- ◆ Many babies take expressed breastmilk well when fed with a cup or spoon.
- ◆ Hold your baby when feeding expressed breastmilk.
- ◆ Make feedings an enjoyable time for you and your baby. Cuddle, talk to and look at your baby. Give her lots of smiles.
- ◆ Burp your baby as needed.
- ◆ Use warmed breastmilk within one hour. Throw away any breastmilk that your baby does not drink.

Caring for Yourself

Some mothers feel they can have a baby and continue to follow the same routines they did before having a baby. But most mothers need time to adjust to this change in their life. Your family also needs time to adjust after the new baby arrives.

Your body has gone through a major change during the last nine months. Finally, you have your baby and your focus and energy is on caring for this new little one.

Having a new baby is both exciting and busy. The first couple of months may be exhausting and hectic if you try to do everything, such as looking after your baby, taking care of everyday household chores and paying bills. If you try to keep this pace, you may exhaust yourself and become frustrated. **Take care of yourself.**

You can look after your baby's needs better when you feel good yourself. Be patient with yourself when you are learning to breastfeed and to be a parent. Having a new baby and breastfeeding may seem demanding in the first couple of months. Ask for help with chores, errands, or talk with someone who can tell you you're doing fine. Also, remember to accept help when offered from family and friends.

Here are some suggestions to help you with the adjustment:

- ◆ Be sure to get your rest; take a nap when your baby naps; turn off the phone; leave a note on your doorbell or door of your room "Mom, and Baby Resting—please leave a note".



Photo courtesy of Jan Beattie



Photo courtesy of Julia Ford

- ◆ Eat well, following *Canada's Food Guide*. If you feel short of time to eat meals, it may help to prepare easy meals ahead of time so you can grab one while you are breastfeeding, for example; a sandwich, carrot sticks and a glass of milk. Do not focus on losing weight just now. Ask your family to help by delivering meals that can be stored in your freezer and popped into the oven for an evening meal. Try and have healthy snacks on hand.

- ◆ Limit visitors in hospital and during the first week at home. While in hospital or at home, have your support person direct your calls and visits. Inform your friends and family that you would appreciate their visits in the second week. Explain to them you would like time for you and your baby to get to know each other.

- ◆ Forget about housework. Ask a family member or friend to assist you at home with meals, errands and chores. Make a “must do” and “should do” list. Your support person can assist you by taking over the responsibilities and allowing time for you to care for yourself and your baby.

- ◆ Allow time for yourself. This could be 15 minutes a day to read a magazine or go for a short walk. You may not be able to meet the needs of your baby unless you see to your own needs.



Photo courtesy of Judy Voisey

- ◆ After the first week, arrange to get out to a breastfeeding support group to talk to other mothers. It is a good feeling to get dressed and go out. Also, it is reassuring to know other mothers have the same concerns and feelings as you do at this time.
- ◆ Take one day at a time.

How should I feel in the early weeks?

Most women experience emotional changes after birth. You may go through many emotions such as excitement, joy, satisfaction, worry, disappointment and feeling down. You may find you cry at the smallest thing, lose your temper or lose interest in everything. You may feel guilty because you feel this way, or question your ability to care for your child.

These feelings are normal in the first few weeks after having a baby. They are called “baby blues”. They are related to hormonal changes after giving birth, and the responsibility of caring for a new baby.

Here are some suggestions that may help:

- ◆ Realize that you are doing the best for your baby.
- ◆ In the first week or so, you may feel like staying in your night clothes; this is normal. Afterwards, pay attention to your appearance and get dressed every day. You’ll feel better if you look better. It helps to do something special for yourself, like getting a haircut or a massage.
- ◆ If you are concerned, and these feelings are continuing after six weeks, talk to your health care provider.



Photo courtesy of Alejandro Buren

Support

Newfoundland and Labrador is developing a stronger breastfeeding culture, but there are still areas where breastfeeding is not the norm. In some communities there may be few women available to act as role models for new breastfeeding mothers. Sometimes well-meaning family and friends can question your breastfeeding and parenting practices. For example, they may feel you are “spoiling” your baby by breastfeeding often in response to your baby’s cues. Talk to your friends and family



Photo courtesy of Karla Richards



Photo courtesy of Peter McGuire

about this. Make sure that you focus on breastfeeding, nurturing, and caring for your new baby. Your partner, family and friends can support you in so many other ways.

Look to your friends and family members who have successfully breastfed to be your support in the early weeks. Breastfeeding support groups are also a good place to chat with other women. Many mothers feel good after attending a breastfeeding support group. Try to attend one within the first two weeks. Mothers who attend breastfeeding support groups or get to know other breastfeeding mothers usually breastfeed longer. It helps to meet or talk to other women who may feel the way you do. Also, you can help other mothers by sharing your positive experiences.

Fathers/Partners

Partners can be the biggest supporters of your decision to breastfeed your baby. They are proud of your commitment to breastfeed and respect that breastfeeding is best for baby in so many ways. Supportive partners can make the difference when you are facing challenges. They can also be very helpful when you are dealing with family or friends who are unfamiliar with breastfeeding and question your efforts. There are many ways that partners can be involved in baby care activities that promote bonding such as soothing baby when fussy, giving baby a bath or massage, taking baby for a walk, or holding baby skin-to-skin. Partners are welcome at breastfeeding support groups and may learn more about breastfeeding by attending with you.



*Photo courtesy of Thibodeau
Photography Creations*

Grandmothers

Many of today's grandmothers may not have breastfed. Often they are unfamiliar with baby care that does not include bottle feeding of formula. Before your baby is born, you can discuss your plan to breastfeed and encourage their support. Suggest that before or after the birth, you attend a breastfeeding support group together. Provide them with information about breastfeeding and suggest that they speak

to others who have breastfed or who have family that breastfed. Let them know that you value their support and suggest other ways that they can be involved in baby care such as changing diapers, cuddling with baby, taking baby for a walk, or soothing baby when she is fussy.

Modesty

Many mothers feel uncomfortable with the idea of breastfeeding in front of others or out in public. Be assured that you will learn very easily how to breastfeed in a discreet way. People who are not used to seeing a woman breastfeed may feel uncomfortable at first. But the more exposure they have to breastfeeding helps them to realize that this is the normal way to feed a baby. You have a right to breastfeed anytime and anywhere! You will also gain more confidence with breastfeeding as you become more experienced. Try wearing loose-fitting shirts that can lift up from the waist to make breastfeeding your baby in public easier.

You will be a good role model for other mothers and young people in your community. Breastfeeding in front of family and friends helps educate people about the importance of breastfeeding. You will also help influence the younger generation.

Healthy eating

During your pregnancy, you may have been more aware of good eating habits. These habits should continue throughout breastfeeding. *Canada's Food Guide* is a good base for healthy eating. By eating a variety of foods from *Canada's Food Guide*, plus the extra 2–3 servings per day recommended for breastfeeding women, you will receive all the nutrients that you need. Remember, there are no special foods that you must eat or avoid while breastfeeding. Also, you do not have to drink milk to make breastmilk, but milk is recommended in *Canada's Food Guide* for your



Photo courtesy of Dayna Gillard



Photo courtesy of Health Canada

own health. Always listen to your body and respond to your feelings of hunger and thirst.

If you feel you have to make some changes, make small changes over time such as adding one serving of fresh, frozen, or canned fruit, one vegetable serving, and whole grain bread to your foods each day. Try to limit foods like cookies, pop, bars and chips, as they will provide extra calories without the nutrients you need. When you breastfeed, have healthy snacks readily available before you sit down to feed your baby. Most women find that they are thirsty when breastfeeding. Satisfy your thirst with water.

Limit beverages and foods with caffeine such as coffee, tea, soft drinks and chocolate. Caffeine passes through the breastmilk, and high levels of caffeine may make your baby restless and fussy. Try to limit caffeine intake to about two 8 ounce (237 ml) cups of coffee a day. Try decaffeinated beverages like decaffeinated tea, coffee and soft drinks. Talk to your health care provider before using herbal supplements and teas while breastfeeding. Many of these products have not been proven safe for women who are breastfeeding.

Can I follow a vegetarian way of eating while breastfeeding?

You can follow a vegetarian way of eating while breastfeeding. You will need a similar type and amount of food as you did during pregnancy. See the “Healthy Eating” section above. Choose foods from *Canada’s Food Guide*. If you do not eat any animal products at all (milk or milk products, meat, eggs, fish, chicken), you will need a supplement of vitamin B12, and, possibly calcium and vitamin D. Check with a dietitian or your health care provider.

What if I want to lose weight?

Within the first couple of months after having your baby, you may be thinking about losing weight. Remember, it took nine months to gain this weight, and it can take several months to

get back to your original weight. Breastfeeding will help you get in shape more quickly.

Focus on eating well. Eating well will keep you from feeling tired. Eat at least the lower number of servings for each group, plus the extra 2–3 servings per day recommended in *Canada's Food Guide* for breastfeeding women.

You can work towards feeling good about yourself by going for a walk or enrolling in a fitness class. Exercise or physical activity is good for your body, but also good for you emotionally. The physical activity makes you feel better about yourself. It is especially important if you are feeling overwhelmed by the demands of a new baby and parenting. Some areas offer moms and tots programs that include a fitness component. Other ways of being active with your baby include dancing with your baby in your home and doing exercises on the floor with your baby. The *Healthy Activity* booklet in *A New Life* series includes valuable information about physical activity.



Photo courtesy of Janine Woodrow

Healthy lifestyle

Having a baby and breastfeeding may help you think about making changes for a healthier lifestyle. Some women may have concerns about smoking, alcohol or taking a drug.

Smoking

Smoking does affect breastfeeding. However, breastfeeding is still the best choice even if you smoke. Your baby is less likely to have allergies and asthma, and breastmilk protects your baby from some chest infections such as pneumonia.

Nicotine from cigarettes passes into breastmilk. The less you smoke, the better it is for you and your baby. You can cut down on the amount of nicotine that goes into your breastmilk. Smoke after a breastfeeding rather than before a feeding. Never smoke while you are breastfeeding. Try to



Photo courtesy of Health Canada

cut down on the number of cigarettes you smoke. For example, have one after every second breastfeeding, then every third.

Smoking may reduce your milk supply, and may cause fussy times for your baby. It may also lower the fat content of your breastmilk. It also pollutes your baby's air so that he may have more colds, chest infections or be at risk of SIDS or crib death. Be aware of your baby's breathing space. Make your home and your car smoke-free. Smoke outside. Second-hand smoke can have a harmful effect on your baby. Always insist that others smoke outside as well.

There are people to help you with cutting down and quitting. Contact the Newfoundland and Labrador Smokers' Help Line at 1-800-363-5864 for information on quitting smoking and staying smoke free.

Alcohol

Alcohol passes into breastmilk. No one knows exactly how much alcohol is safe to consume while breastfeeding. Alcohol shows up in your breastmilk almost right away and reaches the highest level about 30–60 minutes after you have a drink. When the alcohol level is highest in your blood it is also highest in your breastmilk. Too much alcohol can decrease your milk production and cause poor growth in your baby. It also makes it more difficult for you to respond to your baby's needs and cues if you have consumed too much alcohol. However, an occasional drink, such as one ounce of hard liquor, one bottle of beer or one glass of wine, is unlikely to do harm. Breastfeed before you drink alcohol so it can clear your breastmilk before the next feeding. It is best to avoid breastfeeding for about 2–3 hours after drinking one alcoholic beverage. If you are thinking about an evening out with a few drinks, plan ahead and have stored breastmilk ready for your baby throughout the evening and through the night.

If you drink heavily often (2 or more drinks per day), or even occasionally, you should try to stop. You are affecting your health and your baby's health. There are people to help you. Ask your health care provider about how you can get the help you need to stop drinking. For more detailed information about breastfeeding and alcohol check http://www.gov.ns.ca/hpp/addictions/alcohol/lrdg/Alcohol_Breastfeeding.pdf

Drugs/medications

Most drugs or medications pass into breastmilk. This includes all prescription drugs from your health care provider (doctor or dentist); medications that you can buy in a grocery or drug store such as pain relievers, cold remedies, vitamins; and street drugs. If you have to take any medication, consult with your health care provider and let her know you are breastfeeding. It is rare to have to stop breastfeeding because you are taking a medication. Most prescription medications are okay to take while breastfeeding. If a medication is not recommended while breastfeeding, usually a different medication can be used.



Photo courtesy of Shutterstock

Drugs for treatment of cancer and radioactive substances are some examples of drugs that are not recommended while breastfeeding. Some drugs may require a short period of interruption of breastfeeding. If this is necessary, you will be given information on how to maintain your milk production by expressing milk during this time. Your health care provider will provide specific information on drugs and breastfeeding.

Here are some questions you can ask your health care provider prior to taking any medications:

- ◆ What is it?
- ◆ Why am I taking it?
- ◆ What will it do to me and my baby?
- ◆ What are the possible side effects?
- ◆ What is the smallest amount I can take?
- ◆ When is the best time to take it?

- ◆ Is there a better choice I can safely take while I breastfeed?

If you are using street drugs or other drugs not prescribed by your doctor or dentist, you and your baby's health are at risk. Your baby may become addicted to the drugs you are taking. Talk to your health care provider about addictions programs in your community. If you are on methadone treatment you can continue to breastfeed. The benefits of breastfeeding the baby outweigh the risks of methadone treatment. Methadone, however, does pass through your breastmilk in small amounts. Talk to your health care provider about how you can combine breastfeeding with your methadone treatment. You may also contact Motherisk at 1-877-327-4636 with specific questions or look for general information at motherisk.org. Motherisk is a program offered by the Hospital for Sick Children in Toronto. Staff are available to answer questions about how substances you take during pregnancy or while breastfeeding can affect your baby.

Contaminants and breastfeeding



Photo courtesy of Melissa Halford

There has been a lot of attention in the media about contaminants in the environment and the possible effects on breastmilk. There are contaminants in breastmilk and in breastmilk substitutes such as formula. Because there may be chemical residues in your breastmilk, this is not a reason to stop or limit breastfeeding. You should breastfeed your baby. Try to reduce you and your baby's risk of coming into contact with toxins in the environment. The prenatal period is an especially vulnerable time for the growing fetus. Breastmilk contains substances that help your baby develop a stronger immune system. It protects against pollutants and other toxins in the environment.

HIV and breastfeeding

Women who are HIV positive and who are able to provide a safe alternative to breastmilk, should feed their baby a breastmilk substitute such as commercially prepared iron-fortified infant formula. Mixed feeding (using breastmilk and formula at the same time) may increase your risk of transferring the HIV virus to your baby. Talk to your health care provider about your concerns.




Photo courtesy of Shutterstock

More Breastfeeding Concerns



HELPFUL HINT

Some women have found it helpful to go back to sleep after the early morning feeding, as it is harder to sleep once you are up and dressed for the day. 

You may run into concerns or have questions from time to time. There is a lot you can do to help yourself. Usually, continuing to breastfeed will make the situation better.

Here are a few things you can do, no matter what your concern is:

- ◆ Do not let a concern go on for very long without getting help.
- ◆ You can continue to breastfeed in most cases.
- ◆ Make sure your baby is positioned and latched on well to your breast.
- ◆ Breastfeed often, at least every 2–3 hours.
- ◆ Look after yourself—try to eat well, drink when thirsty and rest.
- ◆ Try to have a nap in the day while your baby sleeps to make up for the time you are up with your baby at night.
- ◆ Talk to people who can help you: your physician or public health nurse, lactation consultant, members of a breastfeeding support group or La Leche League, or another mother who has breastfed.

If I am ill, can I continue to breastfeed my baby?

There are very few illnesses that would require you to stop breastfeeding. In most situations, you should continue to breastfeed to safeguard your baby's health. Research has shown that infants who are not breastfed get sick from common infections like the flu more often and more severely than infants who are breastfed. If you are unwell, you will need help from your partner or support person to care for

you and your baby so that you can rest and breastfeed. If you have a serious illness that requires hospitalization or even separation from your baby, you will be supported by the hospital staff to continue breastfeeding or to express your breastmilk.

Leaking breasts

What is it?

Leaking is caused by fullness in your breast or by the milk “letting down”. It is a normal part of breastfeeding. Leaking may happen if your baby sleeps a little longer than usual, if you hear a baby cry, or if you think about your baby. It is most common in the early weeks as your breasts adjust to breastfeeding. It is usually short-lived, but it can happen any time while you are breastfeeding your baby. Some women may also experience some leaking during sexual activity/climax.



Photo courtesy of Theresa Christie-Cooke

What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Apply gentle pressure by folding your arms across your breasts, or rest your chin in your hand and press your forearms against your breasts.
- ◆ Use cotton or disposable nursing pads in your bra to provide comfort, avoid embarrassment, and protect clothing.
- ◆ Do not use breast pads with plastic or waterproof liners.
- ◆ Change pads when moist to prevent sore nipples/infection.
- ◆ Printed clothing may disguise leaking better than plain colours. Breastmilk won't stain washables.

Excess milk flow (forceful milk flow)

What is it?

Excess milk flow or forceful milk flow is when your milk comes so fast that your baby is surprised, cries, and pulls away from your breast when feeding. Your baby may find it hard to swallow the milk. This may happen most often in the early weeks when your milk production is building up.

What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Hand express a small amount of milk before putting your baby to your breast. This slows the flow of milk.
- ◆ Breastfeed when your baby is starting to wake up and is still drowsy and more relaxed. It is harder to breastfeed when your baby is crying and ravenous.
- ◆ Feed your baby in a more upright position so your baby is nursing “uphill” (baby’s head and throat are above level of nipple). Lie down on your back to feed your baby. Position your baby on your chest, as shown in the image. Also you can try an elevated football hold with baby sitting up and facing mom to nurse.
- ◆ Wait until your let-down happens, then take your baby off the breast and spray or catch the milk in a towel or cloth diaper. Once the flow slows down, put your baby back to the breast.
- ◆ Burp your baby before and after a feeding.



*Courtesy of Nova Scotia
Department of Health
Promotion & Protection*

Engorgement

What is it?

Engorgement is the painful overfilling of your breasts (usually 3–5 days after birth) due to the buildup of milk and fluids in the breast tissue. Engorged breasts may be heavy, hard, warm and painful. The skin looks shiny. The nipple may

appear flattened and may be sore. This may make it difficult for your baby to latch onto the breast.

If engorgement is handled properly, the breasts will feel better in 24–48 hours. After the first two weeks, engorgement is usually caused by your breasts not being drained well enough at each feeding, or if you have missed a feeding.

What can I do to avoid engorgement?

- ◆ Start breastfeeding as soon as possible after birth, preferably within the first hour.
- ◆ Nurse often, without restriction, every 2–3 hours; make sure your baby is properly positioned and latched on well. Use different positions to ensure all areas of the breast are well drained. See pages 14–16.
- ◆ If you miss a feeding, express milk from your breasts.
- ◆ Wear a well-fitting supportive bra that is not too tight.
- ◆ Avoid underwire bras.

What can I do to treat engorgement?

- ◆ **Continue to breastfeed your baby.** It may take several feedings before you feel relief from the engorgement.
- ◆ Gently massage your breasts toward the nipple before and during a feeding.
- ◆ Before a feeding, gently express a small amount of milk by hand or by using a breast pump. This will remove milk from your breasts, and make it easier for your baby to latch on.
- ◆ A warm shower or warm compresses just before breast feeding may help with milk let-down and flow.
- ◆ Find a comfortable, well-supported position for nursing. Check your baby's position on your breast; make sure he is latched on properly. Try different positions to help relieve the engorgement. See pages 14–16.
- ◆ Breastfeed more often, every 1½–2 hours day and night using your engorged breast first.



HELPFUL HINT

The areola should feel soft “like your cheek” when latching your baby onto the breast. If it feels hard “like your forehead” you may need to express some milk.



- ◆ Gently express some milk by hand, or pump after a feeding if the baby has not drained your breast well.
- ◆ Use a wrapped ice pack or compress (or a frozen bag of peas or crushed ice) on your breasts after a feeding to relieve discomfort and reduce inflammation.
- ◆ Use an over-the-counter pain relief medication such as ibuprofen to reduce pain or swelling.
- ◆ Another option is to place clean, chilled, raw green cabbage leaves on your breasts in between feedings for about 20 minutes. You should only have to follow this treatment 2–3 times. Some women have found that this helps to reduce the swelling.
- ◆ Wear a good supportive bra.
- ◆ Avoid restrictive clothing and underwire bras.
- ◆ Do not give bottles of water or formula to your baby.
- ◆ Avoid pacifiers.
- ◆ Rest, eat well and drink when thirsty.
- ◆ Talk to people who can help you: your public health nurse, doctor, members of a breastfeeding support group or La Leche League, another mother who has breastfed, or a lactation consultant.

Sore nipples

What is it?

A common reason for stopping breastfeeding is sore nipples. Some women find the initial latching on a little uncomfortable but it should not be painful. Nipple soreness usually peaks on the third day after birth and clears by the end of the first week. The main reason for sore nipples is poor or shallow latching of your baby at the breast. A baby may appear to be positioned well but may not be latched properly. If this is not corrected, it may lead to cracked nipples and a breast infection. Sore nipples can be prevented.

Other reasons for sore nipples can be:

- ◆ Baby not opening mouth wide enough when latching on.

- ◆ Baby sliding off nipple.
- ◆ Flat or inverted nipples.
- ◆ Using soap on your breasts and nipples.
- ◆ Wet nursing pads.
- ◆ Baby falling asleep during a feeding and clamping down on your breast.
- ◆ Pulling your nipple out of your baby's mouth at the end of a feeding.
- ◆ Going too long between feedings.
- ◆ Engorgement.
- ◆ Thrush* (white mouth) in your baby. See page 71.
- ◆ Tongue tie*.
- ◆ Incorrect use of breast pump

What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Hold your baby skin-to-skin.
- ◆ Check position and latch. Make sure your baby has a deep latch. This will usually help solve most problems. See pages 18–19. Hold your baby close so your nipple will not be pulled.
- ◆ Breastfeed often, every 2–3 hours. This will keep your breasts from getting too full, and may prevent your baby from sucking too vigorously.
- ◆ Use different positions to help relieve pressure on your nipples. Try laid-back position. See pages 14–16.
- ◆ Start a feeding on the less sore nipple.
- ◆ Hand express breastmilk to start the let-down at the beginning of a feeding. Your baby won't need to suck so vigorously.
- ◆ Use breast compressions (see page 62) if your baby is not actively sucking and swallowing.



Photo courtesy of Stacey Crane Photography

- ◆ Let your baby feed as long as she wants. Let her release your nipple after a feeding. See page 19 on how you can end a feeding by breaking the suction, if necessary.
- ◆ If you wear nursing pads, change them when they get moist. Remember to use cloth or cotton breast pads. Do not use plastic-lined breast pads as they may cause soreness.
- ◆ Express breastmilk and spread on your nipples after each feeding as breastmilk can help with healing.
- ◆ Avoid using soap on your breasts.
- ◆ Rest, eat well and drink when thirsty.
- ◆ In very extreme cases, you may need to allow your nipple to heal for 24 hours. You may continue to nurse your baby from the unaffected nipple. During this time, express your milk from the sore nipple. When the nipple is healed, start breastfeeding again. Be sure your baby is properly positioned, latched on and removed from your breast.
- ◆ Avoid nipple shields.
- ◆ If your baby has thrush or white mouth, see your health care provider for treatment of both you and your baby. See page 71 for information of thrush.
- ◆ See your health care provider if you have sore nipples that are not improving, even with good latch and positioning techniques. You may need a medicated ointment for your nipples.

Cracked or bleeding nipples

What is it?

The nipple area is cracked, reddened and painful. This may happen in one or both breasts. The most common cause of cracked or bleeding nipples is improper latching on and/or positioning of the baby at the breast. When a nipple is cracked there is an increased risk of infection. Infected nipples are also very slow to heal.

What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Try suggestions for sore nipples.
- ◆ Do not worry if your baby swallows some blood in your breastmilk. It will not harm him.
- ◆ Get help immediately from your health care provider, especially your public health nurse or lactation consultant. They will help you with correct positioning and latching on. If needed, they could also give you advice about the types of ointments or creams to use on your nipples.
- ◆ Use over-the-counter medications for relief of pain and inflammation.
- ◆ Try to keep positive. Your nipples will eventually heal. It may take several weeks for severely cracked nipples to heal completely.

Blocked milk ducts

What is it?

A milk duct that does not drain properly at a feeding may become blocked. Pressure builds up behind the block. A blocked milk duct makes a swollen, tender, warm spot or lump in the breast. You will generally feel well, and may or may not have a temperature.

A blocked milk duct happens gradually and usually in only one breast. If the block is close to the nipple, there may be a white spot on the nipple. See blocked nipple pore on page 59. A blocked duct usually improves within 24–48 hours with continued nursing.

Some reasons for a blocked milk duct include:

- ◆ Waiting too long between feedings.



Photo courtesy of Soledad Porta

- ◆ Too short a feeding time or “feeding on the run” so the breast is not drained well.
- ◆ Wearing too tight clothing, bra or a bra with underwires.
- ◆ Wearing a baby carrier for long periods of time.
- ◆ Nursing at the same breast at every feeding.
- ◆ Sleeping on your stomach.
- ◆ Giving your baby a bottle of water or formula instead of breastfeeding.
- ◆ Mother being tired.
- ◆ Pressing your finger on your breast during a feeding as a way of keeping your breast away from your baby’s nose.

What can I do?



Photo courtesy of Dee Dee Voisey

- ◆ **Continue to breastfeed your baby.**
- ◆ Feed your baby or express milk often, every 2–3 hours.
- ◆ Be sure your baby is positioned and latched on correctly. See pages 14–19.
- ◆ Before a feeding, place warm, moist cloths on the affected area or take a warm shower to help promote drainage of the breast.
- ◆ Hand express some milk first to relieve fullness.
- ◆ Gently massage the lump before and during a feeding.
- ◆ Feed on the affected breast first when the baby’s suckling is more vigorous. Stroke the lump towards the nipple as the baby feeds.
- ◆ Use different breastfeeding positions. See pages 14–16.
- ◆ Nurse until your baby stops feeding. Encourage longer feedings on the affected breast.
- ◆ If your baby doesn’t drain your breast well enough, you may try to express the milk.
- ◆ Feed your baby at both breasts during each feeding.
- ◆ Avoid giving your baby water or formula instead of nursing.
- ◆ Avoid pacifiers.

- ◆ Wear loose clothing. Avoid wearing underwire bras.
- ◆ Avoid sleeping on your stomach.
- ◆ Avoid wearing a baby carrier on your front for long periods of time.
- ◆ Rest, eat well and drink when thirsty.
- ◆ Watch for signs of infection. See page 60 about mastitis.
- ◆ Talk to people who can help you: your public health nurse, lactation consultant, doctor, members of a breastfeeding support group or La Leche League, or another mother who has breastfed.
- ◆ See your health care provider if a lump persists.

Blocked nipple pore

What is it?

A blocked nipple pore is also called a milk blister or a bleb. It happens when a small amount of skin overgrows a milk duct opening on the nipple, and milk backs up behind it. It looks like a white, clear or yellow spot on the nipple or areola. A blocked nipple pore can be very painful, especially during nursing. It may last several days or weeks, and then heal on its own when the skin peels away from the area.

A white spot on the nipple can also be caused by a blockage within the milk duct. The blockage may be a small amount of hardened milk. It can often be hand expressed from the milk duct.

What can I do?

- ◆ Apply moist heat to soften the blister just before nursing. Soak the nipple in warm water.
- ◆ Gently rub your nipple with a soft facecloth to loosen the blister.
- ◆ Feed your baby on that breast after you have tried the above. Usually you feel more



Photo courtesy of Whitney Pye

comfortable breastfeeding as soon as the blister is broken.

- ◆ Ask your health care provider to help you if it doesn't loosen with heat and hand expression, or breastfeeding. Your health care provider can apply a sterile* needle to open the blister.

Mastitis

What is it?

Mastitis is a breast infection. It comes on quickly, usually only in one breast. The infected breast is red, hot and swollen, and may be painful. You will have a fever and flu-like symptoms (aches, nausea, vomiting and chills). If mastitis is not corrected, it can lead to an abscess* which needs prompt medical care.

Mastitis can develop when the breast is not being drained properly as in engorgement or blocked milk ducts. It can also develop from cracked nipples or leaving wet breast pads on for too long. Usually mastitis occurs in the first six weeks of breastfeeding.

What can I do?

- ◆ **Continue to breastfeed your baby at least every two hours.**
- ◆ Follow suggestions for engorgement on page 52 and blocked ducts on page 57.
- ◆ Rest and do nothing but feed your baby.
- ◆ Get help with your other children and chores.
- ◆ If symptoms last more than 24 hours, go to your health care provider. Usually, an antibiotic is prescribed. Remind your health care provider that you are still breastfeeding. You do not need to stop breastfeeding. You can continue to breastfeed even when you are on an antibiotic. Remember to finish the medication even if you feel



Photo courtesy of Virginia Faucher

better. Sometimes, antibiotics can cause loose bowel movements in both you and your baby.

Low milk production

Concern over milk production is the most common reason worldwide why women give up breastfeeding early. Most women, however, are capable of making lots of breastmilk. Unfortunately, we still live in a bottle-feeding culture and breastfeeding is often compared to bottle-feeding. It is a completely different process. Remember, the more your baby breastfeeds, the more milk you will make. Your baby removing milk from your breasts is the key to ongoing milk production. If your baby is not breastfeeding you will need to express your breastmilk to keep making more milk.

What is it?

Most mothers make enough milk to satisfy their baby. You may notice that your milk production seems lower if you are tired, under stress, or at the end of the day. Don't be discouraged if you cannot express milk after a feeding. The amount of milk you can express is not the same as the amount of milk in your breast. You have milk in your breast even if you cannot express it. See "How do I know if my baby is getting enough breastmilk?" on page 28.

What causes it?

There could be several reasons why your milk production is low. Sometimes it is caused by problems in breastfeeding management; for example, the baby not latched on well to the breast; not breastfeeding often and long enough (baby not effectively removing milk); switching breasts too early; missed feedings; giving bottles of formula and overuse of pacifiers. There are also medical reasons for a low milk production: excessive bleeding during or after birth, or retained afterbirth; thyroid problems; infections and breast reduction surgery.



HELPFUL HINT


If you have been doing too much and are feeling very tired, try doing nothing for 24 hours. Just breastfeed your baby as often as possible and sleep or rest. Often this extra stimulation to your breasts and the rest make a big difference in increasing your milk production. 



Photo courtesy of Health Canada

What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Have a calm environment for you and your baby when feeding. Work on any stresses that may be in your life.
- ◆ Rest, eat well and drink when thirsty. Limit tea, coffee and cola drinks to a total of three servings a day.
- ◆ Check that your baby is positioned and latched on properly.
- ◆ Encourage your baby to nurse by expressing some milk into his mouth.
- ◆ Breastfeed often, at least every 1½–2 hours. Draining the breast is important in promoting an increased milk production.
- ◆ In the first few days after birth, some babies are sleepy or not interested in breastfeeding. They may need to be awakened to feed every two hours during the day, and every three hours during the night, to increase your milk production.
- ◆ Try super-switch nursing*—switching breasts two or three times during each feeding. Watch your baby's suckling and switch to the other breast as soon as the suckling slows down, or your baby stops actively drinking (just nibbling or comfort suckling). Repeat this several times during the feeding to increase breast stimulation, and encourage more let-downs and more effective suckling.
- ◆ Breast compression is another technique that encourages more active suckling. Often young babies under six weeks of age fall asleep at the breast when the milk flow slows (after the first let-down reflex). Breast compression continues the flow of milk to the baby once the baby is no longer drinking on his own. It encourages the baby to drink more milk, and stimulates a natural let-down to occur. The baby also gets more of the higher fat milk. When the baby is not drinking on his own, the mother squeezes her breast to encourage more active suckling. Ask your public health nurse or lactation consultant to show you how to do this.



HELPFUL HINT

Babies whose mothers can comfortably hold more milk in their breast take more breastmilk in at each feeding and need fewer feedings in a day. Other women produce the same amount of milk but their breasts store less milk. Their babies need to feed more often.



- ◆ Correct other problems such as engorgement or blocked ducts.
- ◆ Do not give bottles of formula or water to your baby. This will decrease your milk production.
- ◆ Avoid pacifiers as they decrease suckling time at the breast.
- ◆ Expression of breastmilk using a double, electric breast pump after a feeding may also increase stimulation and removal of breastmilk.
- ◆ Your health care provider may suggest herbal preparations such as fenugreek or blessed thistle, or prescription medications that may increase your milk production. He or she may also suggest using a lactation aid* at the breast. Your baby can receive supplements while at the same time stimulating your breasts with normal suckling.
- ◆ Keep life simple and avoid extra commitments. Ask for help with household chores from family and friends.

Sleepy baby

What is it?

A sleepy baby sleeps a lot, breastfeeds less, and falls asleep during feedings. Sleepiness is most common during the first week after birth. Remember, if your baby is sleepy, this does not mean she is not interested in breastfeeding.

What causes it?

Your baby may be sleepy because of a difficult labour and birth, drugs given to you during birth, or jaundice in the baby. A very young baby who sleeps a lot may not be getting enough breastmilk. Other later causes are overstimulation, overheating, or medications.

What can I do?

- ◆ **Continue to breastfeed your baby.**

- ◆ Undress your baby and encourage lots of skin-to-skin contact. Avoid bundling or swaddling your baby.
- ◆ Be sure your baby is properly latched on at each feeding.
- ◆ In the hospital, have your baby “room-in” with you so she can be fed when she starts to wake up.
- ◆ Watch for the early feeding cues that tell when your baby is starting to wake and get hungry. See page 26 for signs of early feeding cues.
- ◆ You may need to wake your baby. Here are some ways to wake her:



Photo courtesy of David Jack

- Cuddle and talk with your baby, massaging her back, arms, legs and feet.
- Sit your baby upright, supporting her jaw and chest with one hand, and placing the opposite hand behind the base of her head and shoulders. Rock your baby slightly forward and backward, almost flat. This will help her to open her eyes and become more alert.
- Hold your baby in classic burping position, skin-to-skin on mother's chest.
- Loosen or remove your baby's clothes and blankets. Change your baby's diaper during the feeding.
- Gently wipe your baby's face with a cool (not cold) cloth.
- ◆ You may need to keep your baby alert before a feeding. You can try these ideas:
 - Position your baby so that her head is higher than her body.
 - Lightly stroke around your baby's mouth, lips, and gums to stimulate suckling prior to latching on.
 - Hand express a little milk onto your baby's lips to increase interest in feeding.
- ◆ Switch breasts as soon as your baby begins to lose interest in actively breastfeeding. You may have to make the switch several times during a feeding (super-switch nursing).

- ◆ Use breast compression or massage to encourage more active suckling and drinking of breastmilk.
- ◆ Rub the top of your baby's head, feet and palms during a feeding.
- ◆ Dim the lights in the room, because bright lights may make your baby close her eyes.
- ◆ Try to feed your new baby every 2-3 hours during the day. At night, wake your baby at least once. Your baby should have 8 or more feedings in 24 hours.
- ◆ Do not take any sleeping medication.
- ◆ Try to wake your baby if she falls asleep during a feeding. If she will not waken or feed, keep her skin-to-skin on your chest and encourage breastfeeding again in one hour.
- ◆ If your baby is overstimulated, feed her in a quiet area with low lighting.
- ◆ If your baby is sleepy and gaining weight slowly, see your health care provider.
- ◆ Talk to people who can help you: your public health nurse, a lactation consultant, doctor, members of a breastfeeding support group or La Leche League, or another mother who has breastfed.




Photo courtesy of Joan "Mom-mom" Jolliffe

Jaundice



NOTE

If your baby is not breastfeeding well, this could make the jaundice worse. Get help with latching your baby. Make sure you can tell how you know your baby is getting enough breastmilk. 

What is it?

Jaundice is a yellowish colouring of the skin that is very common in newborns. It happens around the third day after birth and disappears within 7–10 days, but may last longer. The higher level of jaundice in breastfed babies may be a normal and protective response for the baby to life outside the womb. Your baby may be sleepier at this time. **There is no need to stop breastfeeding. Breastfeeding your baby early and often in the time after birth helps prevent or decrease jaundice.**

What can I do?

- ◆ Continue frequent and unrestricted breastfeeding.
- ◆ Breastfeed at least 8 or more times in 24 hours. You may need to wake your baby to feed him. See suggestions for sleepy baby on pages 63–65.
- ◆ If jaundice lasts for more than 10 days or appears to be getting worse, see your doctor.

Prolonged normal jaundice

Occasionally jaundice can continue after the first week of life. If your baby is otherwise healthy, breastfeeding well and gaining weight, there is no need to worry. This type of jaundice is called “prolonged normal jaundice” and it may peak at 10–21 days after birth and continue for up to three months. **Rarely if ever does breastfeeding need to be discontinued even for a short time.** If you have questions about jaundice talk to your doctor.

Fussy and crying baby

What is it?

Many babies have a regular, wakeful, fussy time when they seem hard to please. All babies cry and some babies cry a lot. Some cry for several hours each day. Crying is a way for babies to communicate their needs, and a way to exercise.

The crying can come and go. It often occurs late afternoon or early evening, especially at around 3–6 weeks of age. It can last a few hours.

What causes it?

Babies may be fussy for many reasons. Your baby may be hungry, lonely, overtired, overstimulated, in discomfort, having a growth spurt, or adjusting to his surroundings. Sometimes you may not be able to figure out why your baby is fussy. Other causes could be related to the mother: drinking too much caffeinated beverages, tense feelings, or strong scents/perfumes. Sometimes a baby will be fussy and gassy and may have explosive green bowel movements. This can occur if the baby is switched to the second breast too quickly before receiving the higher fat breastmilk which comes later in the feeding as the breast is drained.

What can I do?

- ◆ **Continue to breastfeed your baby.** When you are not sure why your baby is crying or fussy always breastfeed your baby before trying other soothing techniques.
- ◆ Be sure your baby is properly positioned and latched on at each feeding. Burp well after feeding.
- ◆ Finish the first breast before offering the second.
- ◆ Your baby's crying does not mean that you don't have enough milk. All babies cry.



Photo courtesy of Health Canada



Photo courtesy of Amber Snow

Remember that the more you breastfeed your baby, the more milk you make.

- ◆ If your baby is hungry because of a growth spurt (see page 30), continue to breastfeed your baby often.
- ◆ Plan ahead for the fussy time so you can cope better with it. Rest when your baby sleeps, try to have help for the fussy time.
- ◆ If your baby does not seem to be hungry, try the suggestions in “How do I cope with a crying baby?”
- ◆ If your baby is overstimulated, try placing him in a quiet setting or gently massaging him.
- ◆ Reduce caffeine-containing foods and beverages, if you are consuming a lot of them.
- ◆ Some babies are bothered by strong scents on your skin or clothing. If this is a possibility, stop using them.
- ◆ Talk to your public health nurse or lactation consultant for other suggestions if your baby really doesn’t seem to settle no matter what you do. Your health care provider may want to rule out physical causes for fussiness.
- ◆ Attend a breastfeeding support group such as La Leche League. This is a good way to receive support and advice from other mothers.

How do I cope with a crying baby?

It is frustrating for parents trying to comfort a crying baby. You can decrease your baby’s crying through carrying, comforting or talking to your baby. If your baby cries a lot it does not mean that you are a bad parent. Remember that your baby is not crying to punish you. If you feel frustrated because your baby has been crying for a long time, try these suggestions:

- ◆ Get help from a trusted friend.
- ◆ Ask someone to take over and give you a break.
- ◆ Have a relaxing bath.
- ◆ Go for a walk.
- ◆ Visit with a friend.

- ◆ Set priorities and be realistic about how much time you can spend on other things.
- ◆ Talk with a supportive adult. It can help you see things in a different light!

Comforting a crying baby

- ◆ Try skin-to-skin contact with mother and/or father.
- ◆ Offer your baby the breast to encourage sucking and the calming reflex.
- ◆ Try burping your baby and changing his diaper.
- ◆ Carry your baby in a sling or soft baby-carrier. Walk around your home or take a walk outdoors.
- ◆ Try a stroller/carriage or car ride.
- ◆ Cuddle or rock your baby. You may also be soothed by rocking! Always carefully support your baby's head and neck. Gentle jiggling movements may calm your baby.
- ◆ Try shushing your baby to imitate the sounds he heard in your womb. White noise such as a vacuum cleaner or hair dryer can also work. You can tape this white noise to play later.
- ◆ Play soft music or try singing or humming.
- ◆ Make sure your baby is warm enough. Give your baby a warm bath or wrap him in a light blanket.
- ◆ Place your baby on his stomach. It is sometimes easier to calm your baby when he is lying on his side or stomach but remember that babies should only sleep on their backs. Gently pat or rub his back.
- ◆ Give your baby a massage.
- ◆ The foods you eat are rarely a cause for your baby's crying and fussiness. However, it could be more likely if there is a history of allergies in your family. If you suspect this and want to rule it out, keep a dairy of the foods you eat. In a food dairy, you record all the foods you eat and the time you eat them. You will also need to record the times when your baby cries, has gas and bowel movements. This will help you identify whether a particular food or foods could be affecting your baby.



Photo courtesy of Allison Moyle



HELPFUL HINT

Even if you have tried all of these suggestions, some babies will not stop crying. Stay calm. It is okay for you to put your baby in a safe place such as the crib and leave the room. Never shake a baby. You could cause serious brain damage or death.



Speak with your doctor if foods need to be eliminated, as an appointment with a registered dietician is important to ensure you keep a healthy and balanced diet.

Spitting up

What is it?



Photo courtesy of Pia Pehla

Babies often spit up small amounts of breastmilk after a feeding. It is even common for some babies to spit up regularly after feeding. They usually outgrow this within the first few months. Some babies are just happy spitters and their spitting up is of no concern.

What causes it?

Your baby may be a “poor burper”. Your baby may swallow milk too quickly and then spit up the extra milk. This can happen if you have a forceful let-down, and your baby has a very strong suckle. Perhaps your baby is also being moved too much after a feeding.

What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Always finish the first breast before switching to the other.
- ◆ Learn to identify your baby’s waking and hunger cues, and feed her before she becomes too hungry.
- ◆ Burp your baby before feeding and after feeding at each breast, and keep her upright for a few minutes after feedings.
- ◆ Handle your baby gently.
- ◆ Avoid excitement and activity after feedings.
- ◆ If she is spitting up small amounts but is gaining weight, she is probably doing fine.
- ◆ Spitting up is mainly a laundry problem. Be patient and be prepared with clean-up supplies, protective coverings,

a change of clothes for your baby, and a clean top for yourself.

- ◆ Talk with your public health nurse if you are concerned about your baby spitting up, or if your baby is not gaining weight.

Thrush (“white mouth”)

What is it?

Thrush is a yeast (fungus) infection that can affect mother, baby and her partner. If you develop thrush, it is more likely to happen several weeks after your baby is born, but can develop as early as two weeks after birth. Yeast is always present in our bodies, but too much can cause infection, and treatment may be needed.

What causes it?

The germ that causes thrush grows well in warm, moist, dark places, such as in your baby’s mouth or diaper area, in your milk ducts, on your nipples, or in your vagina. The infection can pass back and forth between you and your baby. Thrush is more likely to happen when you or your baby have been on an antibiotic, and when you have sore or cracked nipples.

What are the signs?

Mother’s nipples may look normal but still feel sore.

Mothers may have:

- ◆ Sudden onset of breast or nipple soreness when breastfeeding had been going well (pain-free).
- ◆ Nipple pain that does not improve even with better position and latching-on techniques.
- ◆ Cracked nipples that do not heal; fine cracks (like paper cuts) at the base of the nipple.
- ◆ Itchy or burning nipples and areolae that may look pink, red, shiny or flaky.



Photo courtesy of Karla Richards

- ◆ Sharp, shooting pain in the breasts during feedings and possibly between feedings.
- ◆ Achy breasts and a painful let-down of milk.
- ◆ Thick, white vaginal discharge with redness, itchiness and burning in the vagina.

Some babies with thrush have no signs or symptoms at all.

Your baby may have:

- ◆ White patches on the inside of his mouth, cheeks, or tongue that do not wipe off.
- ◆ A change in temperament, (e.g., has more gassy or cranky periods).
- ◆ Periods where he refuses the breast or pulls off the breast during feeding.
- ◆ A clicking noise during sucking.
- ◆ A bright red diaper rash with a well-marked border, that does not improve with regular diaper cream.

What can I do?


- ◆ Talk with your health care provider if you think you or your baby has thrush. Once you start the prescribed treatment, you may see improvement in a day or two. However, you both need to be treated for at least two weeks. A good rule of thumb is to have seven days of pain-free nursing before you stop the treatment. Your partner also needs to be treated with a prescribed medication if you have a vaginal yeast infection.
- ◆ Continue to breastfeed your baby. Always check to make sure your baby has a deep latch.
- ◆ Try breastfeeding more often but for shorter periods. Start with the least sore breast.
- ◆ Keep your medication and your baby's medication separate.
- ◆ Using a clean swab each time, paint the inside of your baby's mouth (cheek, gums, tongue and roof), with the medicine your doctor prescribed after each breastfeeding.

The germ that causes thrush grows very quickly, about every 2–3 hours, so you need to treat both you and your baby after each feeding.

- ◆ Pay special attention to personal cleanliness, because the infection may also be present in your vagina. Remember to wash your hands well, especially after changing your baby's diaper, after using the washroom, before feeding your baby and before meals.
- ◆ Change your nursing pads at each feeding. Throw away disposable ones. Wash cloth ones in hot, soapy water and dry in a dryer at a hot setting before using again.
- ◆ Rinse your nipples and areolae with a vinegar and water solution (one tablespoon of vinegar to one cup of water) after each feeding. Air dry. Mix up a new solution every day.
- ◆ Put the cream prescribed by your health care provider on your nipple and areola of both breasts after each feeding. Gently massage the cream into your nipples. Do not remove the cream before breastfeeding.
- ◆ The milk that you express during a thrush infection can be used but not frozen.
- ◆ Each day, boil for 20 minutes any items that come into contact with your baby's mouth, such as medicine droppers, spoons, pacifiers, pump parts, toys etc. Toys that cannot be boiled should be washed well with hot soapy water.
- ◆ Wash all of your bras, pads, nightgowns or other clothing that comes in contact with your nipples. Use hot water and bleach. Dry at a hot setting in the dryer or in the sun.
- ◆ Keep baby's diaper area clean and dry. Put the cream on your baby's diaper area during each changing.
- ◆ Talk with your public health nurse, lactation consultant or doctor if you need more help. You may need to be treated more than once and/or try different anti-fungal medications. Infections that don't go away may need to be treated with an oral medication.



NOTE

Gentian violet is an effective and cheap way to treat thrush. Talk to your health care provider about how you can use this treatment properly. 

Slow weight gain

What is it?



Photo courtesy of Jan Beattie

In the first days after birth, healthy full-term babies lose from 7-10% of their birth weight. Most babies return to their birth weight by about two weeks. It may be a little longer if your baby has had difficulties getting breastfeeding established. Most healthy breastfed babies gain about 5-8 ounces (142-227 gm) a week for the first four months. Between 4-6 months the average weight gain is 3-4 ounces (85-113 gm) a week. Slow weight gain is a gain of less than 4 ounces (113 gm) a week for the first four months. All babies grow at different rates. Some babies are slow gainers in the first few weeks but then go on to breastfeed very well.

What causes it?

There are several possible causes of slow weight gain in babies. A baby may be incorrectly positioned or latched on, or may have poor sucking skills. Some mothers may wait too long between feedings or may not feed long enough at each feeding. Allowing a new baby to stay asleep too long can also cause problems with a mother's milk production. Mothers may have a lower milk supply because of doing too much ("super-mom syndrome"), being overtired, or because of using alcohol, drugs, or cigarettes.

What can I do?

- ◆ **Continue to breastfeed your baby.**
- ◆ Feed your baby every two hours during the day and every three hours at night, at least 10-12 times in a 24-hour period. Remember, your baby may not cry or demand feedings. You may need to wake him.
- ◆ Make sure your baby is well positioned and has a good latch. See pages 14-19.

- ◆ Always finish the first breast before switching to the other.
- ◆ Try breast compression or super-switch (page 64) nursing if your baby falls asleep at the breast or suckles well for only a short period.
- ◆ Avoid pacifiers.
- ◆ See page 63–65 for suggestions to help encourage a sleepy baby to feed.
- ◆ See page 28 for signs that your baby is getting enough breastmilk.
- ◆ Try to get enough rest, eat well and drink when you feel thirsty.
- ◆ Some forms of birth control pills may also decrease milk production. Talk with your health care provider about other recommended forms of birth control.
- ◆ Talk to your public health nurse, lactation consultant or doctor about using a lactation aid* at the breast. Your baby may need help from a lactation aid at the breast for a short period until breastfeeding is “back on track”.

Can I get pregnant while breastfeeding?

Yes. It is always possible to conceive while breastfeeding. If you are concerned about getting pregnant you should consider a form of birth control that is compatible with breastfeeding. If you choose to use a hormone based contraceptive, it is recommended that you use a prostin only type of birth control. This can be started at 6 weeks after birth. Talk to your health care provider about your options. The Lactational Amenorrhoea Method (LAM) takes advantage of the normal processes that occur in a woman’s body after childbirth and when she breastfeeds. The baby’s suckling prevents the release of certain hormones needed for ovulation (release of an egg). Of 100 women using the LAM method correctly, two will become pregnant. However, it is effective only if ALL of the following apply to you.

- ◆ Your baby is under six months of age.
- ◆ Your monthly periods have not returned.

- ◆ Your baby is exclusively breastfeeding with no other fluids or foods.
- ◆ Your baby is breastfeeding frequently throughout the day and night.

How long should I breastfeed my baby?



Photo courtesy of Dianne Coombs

You can breastfeed for as long as you are both enjoying it. Breastmilk is a perfect, complete food. It is all your baby needs for the first six months of life. At six months of age your baby needs to replenish his iron reserves by adding a variety of iron-rich foods in addition to your breastmilk. Infants will show a readiness and interest to be offered foods to go along with their intake of breastmilk. You can breastfeed for two years or more.

If your baby is less than six months old and seems hungrier than usual, breastfeed more often.

There is no reason to offer solid foods before your baby is six months old because:

- ◆ Your baby's digestive system is still developing and is not ready for solid food.
- ◆ Your baby may drink less breastmilk and will not be as well fed as when getting only breastmilk.

Your breastmilk changes over time to meet the needs of your baby. Breastfeeding an older baby offers lots of benefits. The antibodies and immune factors continue to protect against infections and disease. Breastfeeding provides comfort and security to the older child. You will find more information about feeding your baby in the booklet *Healthy Eating for Your Baby Age 6-12 Months*.

Can I continue to breastfeed if I am pregnant?

Yes. You can continue to breastfeed if you become pregnant. There is no research that shows that breastfeeding will harm you or your developing infant. If you have complications during your pregnancy talk to your health care provider

about your plan to continue breastfeeding. If you wish to stop breastfeeding, take your time and wean slowly.

You may notice the following changes when you are pregnant:

- ◆ Sore nipples.
- ◆ A decrease in your milk supply.
- ◆ A change in the flavour of your milk.
- ◆ Your milk gradually changing to colostrum.

Do not worry that your older baby will take all of the colostrum away from your new baby. You will continue to produce colostrum throughout the last months of your pregnancy. Many babies naturally wean from the breast during pregnancy.

Can I continue to breastfeed my older baby once my new baby is born?

Yes. This is called tandem nursing. Some women have mixed feelings about nursing an older baby after the birth of a new baby. Take one day at a time. Always make sure you feed your new baby first so that she receives your full breast and can continue to grow well.



Photo courtesy of April Stowe

How do I keep my baby's teeth healthy?



Photo courtesy of Judy Voisey

Healthy baby teeth are important for your baby's overall health now and in the future. Start taking care of your baby's teeth and mouth from birth. Before the teeth come in:

- ◆ Clean the inside of your baby's mouth once a day.
- ◆ Wrap a clean, damp face cloth around your finger.
- ◆ Wipe the inside of baby's mouth and upper and lower gums.

Usually baby's teeth start to come in at around six months (some earlier and some later). As soon as you see teeth in your baby's mouth, you can use a soft-bristled baby toothbrush. Ask your public health nurse or dentist for information about the proper way to clean your baby's teeth. See also the Newfoundland and Labrador pamphlet *Keeping Baby's Teeth Healthy: Oral Health Tips for your Baby*.

Will my baby bite me while breastfeeding?

Many mothers worry about the baby biting when the teeth start coming in. As the baby's tongue lies over the lower teeth and gums while breastfeeding, this is usually not a problem. If your baby is latched on well and actively suckling, he can not bite. Occasionally a baby will clamp down or bite on the nipple while sleeping or being playful. Stop breastfeeding and tell your baby kindly but firmly to stop.

I am thinking about going back to work or school. Can I still breastfeed?

Many women worry that they will have to stop breastfeeding when they return to work or school. Breastfeeding can continue for as long as you and your child desire. Remember that after six months of age, as your baby starts eating other foods, the natural weaning process has already begun. The number of breastfeedings each day usually starts to decrease. However, even when babies begin to take in other foods, breastmilk is still an important part of your baby's

healthy everyday way of eating. Your breastmilk continues to be nutritious and provides protection against illnesses. Breastfeeding also provides comfort and security for the older baby.

Consider your options for combining breastfeeding with your work or school situation.

Continued breastfeeding during the day

Find out if your workplace or school has a breastfeeding policy. You may be able to bring your child to school or to your workplace for breastfeeding during breaks. This is a good option if you are breastfeeding a baby under six months and your caregiver/partner can bring your child to you. You may also consider expressing breastmilk during your breaks for your caregiver or partner to provide in your absence. Talk to your employer or your school to see what flexibility can be worked into your day for breastfeeding and/or expression.

Combining breastfeeding with a breastmilk substitute (mixed feeding)

Some women decide to breastfeed at home and provide a breastmilk substitute (e.g., infant formula) for their child while they are at work or school. If you feel that expressing breastmilk is not an option, you and your child can still enjoy the many benefits of breastfeeding. Talk to your public health nurse or lactation consultant about your plans.



Photo courtesy of Darrell Kean

Looking Ahead

This booklet has covered the basics of breastfeeding with information to help you get off to a good start with breastfeeding in hospital and guidance on early concerns when you return home. You will want to know a lot more about breastfeeding as your baby moves beyond the early months of life. Make sure you take the time to check out the list of resources included at the back of this booklet. Also, for the most up to date information on breastfeeding go to www.babyfriendlynl.ca

You will want to connect with other breastfeeding mothers and families.



Photo courtesy of Rachel Jean Harding

Talk to your local public health nurse to find out about the supports and services in your local community.

Find out if your community has:

- ◆ Mother-to-mother support groups.
- ◆ Breastfeeding clinics and support groups.
- ◆ Family Resource Centres.
- ◆ La Leche League.
- ◆ Postnatal drop-in programs.
- ◆ Other places where you can meet other parents.

Helpful Resources

Internet resources

There are many resources for parents about breastfeeding on the internet. Here are a few good sites:

- ♦ Baby-Friendly Newfoundland and Labrador
www.babyfriendlynl.ca
 (facebook.com/babyfriendlynl), (twitter.com/babyfriendlynl) and
 (youtube.com/user/babyfriendlynl)

The website (and related social media) is directed at pregnant women, breastfeeding mothers and their families. The website aims to support parents by offering accurate information with local resources and ways to get help. It also provides news of breastfeeding events, current research, “hot” topics, discussion of issues, a local photo gallery, and videos.
- ♦ La Leche League Canada
www.lllc.ca

Encourages mother-to-mother support and provides parent resource materials.
- ♦ Australian Breastfeeding Association
www.breastfeeding.asn.au

Provides parent and professional resources. Includes information on topics such as Baby-led latching.
- ♦ INFACT Canada
www.infactcanada.ca

Promotes mother and infant health through breastfeeding. Monitors formula industry marketing practices in order to protect breastfeeding.
- ♦ Dr. Jack Newman
www.breastfeedinginc.ca

Includes online breastfeeding resources such as handouts and instructional video clips.

- ♦ Breastfeeding Support – Newfoundland & Labrador
www.facebook.com/groups/breastfeedingmomsinnl
 Breastfeeding Support – Newfoundland & Labrador’ welcomes breastfeeding parents (and supporters) ...living in (or from) Newfoundland and Labrador. The goal is to provide peer support and factual information so that parents are better able to reach their breastfeeding goals.
- ♦ KellyMom.com Breastfeeding and Parenting
www.kellymom.com <https://www.facebook.com/kellymomdotcom>
<https://www.facebook.com/groups/kellymamas/>
 The website was developed to provide evidenced-based information on breastfeeding and parenting. There are related facebook pages providing access to articles, current events and mother-to-mother support.

Books

Dr. Jack Newman’s Guide to Breastfeeding by Dr. Jack Newman and Teresa Pittman, Harper Collins, Toronto. 2014.

The Womanly Art of Breastfeeding (8th revised edition) by La Leche League International, Random House Publishing Group, 2010.

Breastfeeding Made Simple: Seven Natural Laws for Nursing by Nancy Mohrbacher and Kathleen Kendall-Tackett, New Harbinger Publications, 2010.

DVDs

Rebecca Glover DVD — Follow Me Mum: The Key to Successful Breastfeeding
www.rebeccaglover.com.au

Dr. Jack Newman’s Visual Guide to Breastfeeding, with Edith Kernerman and Jack Newman (2006)
www.breastfeedinginc.ca

“Newfoundland and Labrador Breastfeeds” video series
www.babyfriendlynl.ca

Help Lines

La Leche League Canada

For information about local La Leche League groups or help with breastfeeding call 1-800-665-4324.

Motherisk

1-877-439-2744

email momrisk@sickkids.on.ca

www.motherisk.org

Newfoundland and Labrador Health Line

24-hour 1-888-709-2929

www.yourhealthline.ca

Newfoundland and Labrador Smokers' Helpline

1-800-363-5864

Word List

Abscess — A rare problem where an infected area in the breast is swollen, tender, and filled with pus.

Alveoli — Milk producing cells of the breast.

Antibodies — Proteins in breastmilk that fight infection and decrease the chance of allergy in your baby.

Areola(e) — Darker area of the breast around the nipple.

Breast Compression — Breast compression is a method of squeezing or massaging the breast to continue the flow of milk to the baby once the baby no longer drinks on his own. It encourages the baby to breastfeed more effectively. Breast compression often stimulates a natural let-down reflex to occur.

Colostrum — Colostrum is the first breastmilk produced in a mother's body during pregnancy. It is often called "liquid gold" as it has a yellow colouring and is rich in nutrients. It contains antibodies and other special substances that protect a baby against bacteria and viruses. In the first few days after birth, colostrum is produced in small amounts that are perfectly suited to a baby's small stomach size.

Complementary Foods — Complementary foods are foods offered to an infant at six months of age to complement (go along with) breastmilk. Breastmilk is still the main food for baby. Complementary foods made from healthy family foods along with the breastmilk, help meet the baby's nutritional needs.

Episiotomy — A cut made between the vagina and the rectum to make more room for the baby to pass through. It is usually done right before the baby is born. The cut is sewn with dissolving stitches after the baby and the placenta are out.

Foremilk — Foremilk is the milk which comes first during a feeding. It is lower in fat content, satisfying the baby's thirst and liquid needs.

Hindmilk — Hindmilk is the milk which flows after the foremilk during a feeding. It is richer in fat content and is high in calories.

Hormone — A protein substance made in one part of the body. It is transported through the blood to another part of the body where it causes a particular action.

Lactation aid — This device consists of a plastic bag or container filled with breastmilk or formula. This hangs around your neck with a tube going from the bag to your nipple. As your baby suckles he gets the breastmilk or formula from the bag, plus milk from your breast. This suckling helps stimulate your milk supply.

Oxytocin — A hormone released into the mother's system when her baby breastfeeds. This hormone causes the alveoli to contract and push the milk into the milk ducts. This is known as the let-down.

Prolactin — A hormone released into the mother's system when her baby breastfeeds. This hormone causes the alveoli to make milk.

Sterile — An item that has been sterilized.

Sterilize, Sterilized — To sterilize an item such as a nursing bottle, wash with hot soapy water and rinse it. Place item on a rack or cloth in a deep covered pot. Cover with water and bring to a boil. When water comes to a boil, cover pot and boil for 2-5 minutes. Drain off water and let items cool. To sterilize baby bottle nipples, follow the manufacturer's instructions.

Super-switch nursing — A method of encouraging a baby to breastfeed more effectively. Watch your baby's suckling and switch to the other breast as soon as the suckling slows down or your baby stops actively drinking (just nibbling or comfort suckling). Repeat this several times during the feeding to increase breast stimulation and encourage more let-downs and more effective suckling. You may need to switch sides two or three times during each feeding.

Thrush (white mouth) — An infection caused by a yeast or fungus. It looks like white patches on your baby's tongue, gums, inner cheeks, or roof of her mouth. These areas cannot be wiped off with a clean, damp cloth. Sometimes thrush is present but you may not be able to see it in your baby's mouth. It may also affect the baby's mouth, anus, and buttocks where it may look like a red, raised rash. Thrush can be passed back and forth between mother and baby. It can interfere with breastfeeding.

Tongue Tie — A baby is said to have tongue tie when the skin between the underside of their tongue and the floor of the mouth is unusually tight or short. It may cause problems with breastfeeding and speech.

A Baby's Safe Sleep Environment



1. Always place baby on back for naps and at night.
2. No smoking around baby.
3. Baby sleeps alone in crib.
4. Crib empty of toys and loose bedding.
5. Crib next to adult's bed for first 6 months.
6. Firm crib mattress, tight-fitting sheet.
7. Crib meets Canadian safety regulations.
8. Baby's face uncovered.
9. Baby in light clothing, not too hot.
10. Share this information with anyone who may care for your baby.

For more information and resources please visit:

www.publichealth.gc.ca/safesleep
www.healthcanada.gc.ca/cps
www.sidscanada.org

Public Health Agency of Canada
 Agence de la santé publique du Canada

Canada



*Your health and
safety... our priority.*

*Votre santé et votre
sécurité... notre priorité.*

Eating Well with Canada's Food Guide

Canada

Recommended Number of Food Guide Servings per Day

Age in Years	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
Sex	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

What is One Food Guide Serving?

Look at the examples below.



Fresh, frozen or canned vegetables
125 mL ($\frac{1}{2}$ cup)



Leafy vegetables
Cooked: 125 mL ($\frac{1}{2}$ cup)
Raw: 250 mL (1 cup)



Fresh, frozen or canned fruits
1 fruit or 125 mL ($\frac{1}{2}$ cup)



100% Juice
125 mL ($\frac{1}{2}$ cup)



Bread
1 slice (35 g)



Bagel
 $\frac{1}{2}$ bagel (45 g)



Flat breads
 $\frac{1}{2}$ pita or $\frac{1}{2}$ tortilla (35 g)



Cooked rice, bulgur or quinoa
125 mL ($\frac{1}{2}$ cup)



Cereal
Cold: 30 g
Hot: 175 mL ($\frac{1}{2}$ cup)



Cooked pasta or couscous
125 mL ($\frac{1}{2}$ cup)



Milk or powdered milk (reconstituted)
250 mL (1 cup)



Canned milk (evaporated)
125 mL ($\frac{1}{2}$ cup)



Fortified soy beverage
250 mL (1 cup)



Yogurt
175 g ($\frac{1}{2}$ cup)



Kefir
175 g ($\frac{1}{2}$ cup)



Cheese
50 g (1 $\frac{1}{2}$ oz.)



Cooked fish, shellfish, poultry, lean meat
75 g (2 $\frac{1}{2}$ oz.)/125 mL ($\frac{1}{2}$ cup)



Cooked legumes
175 mL ($\frac{1}{2}$ cup)



Tofu
150 g or 175 mL ($\frac{1}{2}$ cup)



Eggs
2 eggs



Peanut or nut butters
30 mL (2 Tbsp)



Shelled nuts and seeds
60 mL ($\frac{1}{4}$ cup)



Oils and Fats

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.



Make each Food Guide Serving count... ***wherever you are – at home, at school, at work or when eating out!***

▶ **Eat at least one dark green and one orange vegetable each day.**

- Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
- Go for orange vegetables such as carrots, sweet potatoes and winter squash.

▶ **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**

- Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

▶ **Have vegetables and fruit more often than juice.**

▶ **Make at least half of your grain products whole grain each day.**

- Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
- Enjoy whole grain breads, oatmeal or whole wheat pasta.

▶ **Choose grain products that are lower in fat, sugar or salt.**

- Compare the Nutrition Facts table on labels to make wise choices.
- Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

▶ **Drink skim, 1%, or 2% milk each day.**

- Have 500 mL (2 cups) of milk every day for adequate vitamin D.
- Drink fortified soy beverages if you do not drink milk.

▶ **Select lower fat milk alternatives.**

- Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

▶ **Have meat alternatives such as beans, lentils and tofu often.**

▶ **Eat at least two Food Guide Servings of fish each week.***

- Choose fish such as char, herring, mackerel, salmon, sardines and trout.

▶ **Select lean meat and alternatives prepared with little or no added fat or salt.**

- Trim the visible fat from meats. Remove the skin on poultry.
- Use cooking methods such as roasting, baking or poaching that require little or no added fat.
- If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Advice for different ages and stages...

Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.



Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.



Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).



How do I count Food Guide Servings in a meal?

Here is an example:



Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 Vegetables and Fruit Food Guide Servings
75 g (2 ½ oz.) lean beef	=	1 Meat and Alternatives Food Guide Serving
250 mL (1 cup) brown rice	=	2 Grain Products Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your Oils and Fats intake for the day
250 mL (1 cup) 1% milk	=	1 Milk and Alternatives Food Guide Serving
1 apple	=	1 Vegetables and Fruit Food Guide Serving

Eat well and be active today and every day!

The benefits of eating well and being active include:

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

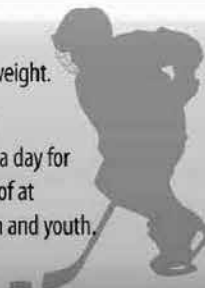


Be active

To be active every day is a step towards better health and a healthy body weight.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

Start slowly and build up.



Eat well

Another important step towards better health and a healthy body weight is to follow Canada's Food Guide by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Nutrition Facts

Per 0 mL (0 g)

Amount	% Daily Value
Calories 0	
Fat 0 g	0 %
Saturates 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 0 g	0 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Take a step today...

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!



For more information, interactive tools, or additional copies visit Canada's Food Guide on-line at:
www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

Également disponible en français sous le titre :
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.



www.babyfriendlynl.ca

facebook.com/babyfriendlynl

