

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