Keeping Breastfeeding Going

How do I know when my baby wants to breastfeed?

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.
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

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.
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, spurtly, 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, spurtly 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:

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

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.

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.

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.
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.
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.
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.

**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

**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.

**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.
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)

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

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.

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.