



Me? Breastfeed?

find out why
breastfeeding is normal

learn how to
breastfeed properly

receive community
resources & support

bring your partner along to
learn about breastfeeding



a workshop presented by

Workshop handbook written by
Liana Kreamer Breastfeeding Buddy volunteer - December 2004

DECEMBER 2004

Peer Reviewed by:

Peggy Nickels, Health Promoter, Kitchener Downtown Community Health Centre
Dr. Lynn Rempel, RN, Department of Nursing, Brock University
Martha Svacina, RN, IBCLC
Kelly Velle, Breastfeeding Buddy
Kathleen Venter, RN, IBCLC
Lisa Yantzi, RN, IBCLC

DECEMBER 2011

Reviewed by:

Mary Denomme, RN, Region of Waterloo Public Health
Michelle Buckner, Breastfeeding Buddies Coordinator

DECEMBER 2013

Reviewed by:

Michelle Buckner, Breastfeeding Buddies Coordinator
Beth Ferguson, RN, Region of Waterloo Public Health
Christina Good, RN, Region of Waterloo Public Health

DECEMBER 2014

Reviewed by:

Michelle Buckner, Breastfeeding Buddies Coordinator
Christina Good, RN, Region of Waterloo Public Health

The information contained in this handbook is for reference purposes only and should not replace the advice of a medical doctor, midwife, public health nurse or lactation consultant.

Breastfeeding Buddies is administered by:

Kitchener Downtown Community Health Centre

44 Francis Street South Kitchener ON N2G 2A2 (519) 772-1016

Contact Breastfeeding Buddies Program Coordinator at bfuddies@kdchc.org

Breastfeeding Buddies is supported by: Kitchener Downtown Community Health Centre
Region of Waterloo Public Health

Contents

Introduction	1
Why Breastfeed?	2
My Breastfeeding plan.....	5
The First Days of Breastfeeding.....	8
How do I Breastfeed?	10
Breastfeeding positions	12
The First feeding	13
My Breastfeeding checklist.....	16
A Breastfeeding Buddy Is.....	21
How To Respond To Unwanted Advice.....	24
Solving Breastfeeding Problems.....	27
Expressing Breast Milk.....	31
Breastfeeding Flexibility	35
Will Breastfeeding Fit Into My Lifestyle?	37
Lifestyle Concerns	39
Shopping For Breastfeeding Gear	41
Final Thoughts	43
References.....	44



Introduction

What makes this workshop different from other classes?

In most prenatal classes, there are many different topics to cover (ex., healthy eating, birth, and baby care), so it's hard to squeeze in time for detailed information on breastfeeding. You get the basics, like why and how to put the baby on the breast. However, if you really think about it, you could be breastfeeding for weeks, months, or even up to two years or more!!

Sometimes women assume that there isn't much to learn, since breastfeeding is natural and normal.

As breastfeeding mothers, we've found that it is helpful to know what to expect, when and where to get help, and how to avoid or solve common problems.

This workshop is like a road map to breastfeeding.

You will find that there are many different routes to take, with a few potential detours along the way. We'll try to steer you clear of those, and help you get back on track if needed.

Perhaps you are not even sure you want to breastfeed.

You may have questions, concerns, or lifestyle issues. ***We will show you that breastfeeding doesn't have to be all or nothing.*** There are



many choices to suit your values and personal situation and we will support you in whatever choice you make.

All of the workshop leaders are mothers who have breastfed their own babies.

As mothers, each of us has a unique story to tell, based on our own personal journey. We hope that you'll feel comfortable asking us anything about breastfeeding, because chances are, one of us has already "been there, done that!"

WISHING YOU ALL THE BEST,

Liana Kraemer

on behalf of the Breastfeeding Buddies

"WHEN WE TRUST THE MAKERS OF BABY FORMULA MORE THAN WE DO OUR OWN ABILITY TO NOURISH OUR BABIES, WE LOSE A CHANCE TO CLAIM AN ASPECT OF OUR POWER AS WOMEN ...COUNTLESS WOMEN HAVE REGAINED TRUST IN THEIR BODIES THROUGH NURSING THEIR CHILDREN, EVEN IF THEY WEREN'T SURE AT FIRST THAT THEY COULD DO IT. IT IS AN ACT OF FEMALE POWER, AND I THINK OF IT AS FEMINISM IN ITS PUREST FORM."

Christine Northrup, M.D.

A close-up photograph of a woman with green eyes looking directly at the camera. She is holding a baby who is wearing a blue and white striped shirt. The woman is wearing a dark blue top. The background is a purple pillow.

Why Breastfeed?

Your breast milk is the only natural food for infants.

It can't be copied, because breast milk changes to suit your baby. Research has shown that a mother's milk for her premature baby is different from that of a mother whose baby was born at term. The milk you make for your newborn is different from milk produced for an older, crawling baby. In fact, the milk you make today will be different tomorrow.

Breast milk is a dynamic, living substance

that includes protein, carbohydrates, fats, water, minerals and vitamins that change to meet your baby's needs.

Colostrum is high in nutrients, to meet your baby's nutrition needs and to protect your baby from illness.

Mature Milk changes to meet your growing baby's needs. The fat content of breast milk changes throughout the day and can even change from the beginning of a feed to the end of a feed.

Breast milk has protective factors

such as antiviral, antifungal, and antibacterial cells to protect your baby from infections.

Breast milk is made specifically for your baby. It is low in protein and high in lactose to help with your baby's growth and brain development.

The benefits of breastfeeding increase the longer you breastfeed.

For example, a baby breastfed for longer than four months has a lower risk of developing diabetes than a baby breastfed for two months. Breastfeeding provides all the nutrition your baby needs for the first six months.

Colostrum, the first milk, has properties that prevent illness in newborns. Continued breastfeeding builds a healthy immune system. Breast milk is a living fluid that changes to meet the needs of your baby. Research shows that breastfeeding has many benefits for baby, mother, and society. ***Even short term breastfeeding has benefits.***

Breastfeeding promotes the healthy growth and development of infants.

Breastfeeding...

- ✎ *Promotes increased brain development*
- ✎ *Helps to properly develop the infant's mouth*
- ✎ *Prevents overfeeding*

Breastfeeding helps protect infants from illness.

Breastfeeding...

- ✎ *Prevents diarrhea*
- ✎ *Decreases risk of ear infections*
- ✎ *Decreases risk of lower respiratory infection and bacterial meningitis*
- ✎ *Decreases risk of Sudden Infant Death Syndrome (SIDS)*
- ✎ *Decreases risk of diabetes*
- ✎ *Decreases risk of digestive diseases*
- ✎ *Decreases risk of obesity*

Breastfeeding helps mother recover from childbirth.


Breastfeeding...

- ✎ *Decreases risk of postpartum hemorrhage*
- ✎ *Helps mother return to a healthy body weight after baby is born*

Breastfeeding saves money and is available to all babies and families.

For example, a breastfeeding family has more available income for nutrition for the entire family.

Breastfeeding is also environmentally friendly as it is safe, fresh, and always ready at the right temperature.



BREASTFEEDING
PROMOTES INCREASED
BRAIN DEVELOPMENT,
HELPS TO PROPERLY
DEVELOP THE INFANT'S
MOUTH AND PREVENTS
OVERFEEDING.

Artificial Baby Milk – What are the Risks?

There have been many recorded cases where infants have become sick from artificial baby milk (formula). Powdered infant **artificial baby milk** (ABM) should not be used as it is not a sterile product. **Feeding ABM can cause risks to the health of baby and mother.**

ABM increases infant's risk of

- ✦ *Diarrhea and other gastrointestinal infections*
- ✦ *Asthma and allergies*
- ✦ *Infection from contaminated ABM*
- ✦ *Some childhood cancers*
- ✦ *Chronic illnesses*
- ✦ *Nutrient deficiencies*

Mothers who do not breastfeed have increased risk of

- ✦ *Developing breast and ovarian cancers*
- ✦ *Developing osteoporosis*
- ✦ *Early subsequent pregnancy*
- ✦ *Rheumatoid arthritis*
- ✦ *Maternal diabetes*

FEEDING ARTIFICIAL BABY
MILK CAN CAUSE RISKS
TO THE HEALTH OF THE
BABY AND MOTHER



My Breastfeeding plan

Having trouble picturing yourself as a mother? With a real baby?

It can be unnerving to be faced with so many decisions: birth choices, infant feeding, child raising. It's also hard to picture yourself breastfeeding if you haven't been around other mothers who have breastfed.

Give yourself time to make your decision. Educate yourself, explore your feelings, and seek out support.

**ANY amount of breast milk
is good for your baby.**

Breastfeeding need not be an all or nothing situation. Some women decide before their baby is born what their breastfeeding plan will look like. For example, they may decide to breastfeed for six months.

Others may decide to take it one step at a time, setting mini-goals. "I'll try to breastfeed for two weeks, and then see how it's going before I decide what to do next," might be an achievable goal.

Talking about your breastfeeding goals before baby is born can make your breastfeeding experience more successful. Share your goals with your partner and support system.

"MY WORLD IS A HAVEN OF COMFORT AND WARMTH. SUDDENLY, I AM THRUST INTO A COLD, NOISY WORLD FILLED WITH LIGHTS. AND THEN I FEEL THE WARMTH OF HER SKIN, THE BEAT OF HER HEART. I CRY OUT. SHE IS THERE: HOLDING ME CLOSE AND OFFERING ME HER LIFE-GIVING BREAST. AS MY TUMMY FILLS WITH ITS COMFORTING WARMTH, I FEEL CONTENT. AS I DRIFT BACK INTO THE GENTLE WORLD OF SLEEP, I FEEL HER BODY NEXT TO MINE. I AM LOVED."

Source: *Breastfeeding Means the World to Me* INFACT Canada

Donor Milk Banking

According to the World Health Organization (WHO) and other experts, if the mother's own expressed breast milk is not available to supplement her baby, the next choice is pasteurized, banked human milk, particularly for sick or premature infants in hospital. Milk banking is a common practice worldwide that has gotten support from the Canadian Paediatric Society, the American Academy of Pediatrics, and the WHO.

The Rogers Hixon Ontario Human Milk Bank provides donated breast milk by prescription to sick babies in Neonatal Intensive Care Units across Ontario. It is located at Mount Sinai Hospital in Toronto.

For more information please visit the Rogers Hixon Ontario Human Milk Bank website www.milkbankontario.ca or contact them by phone (416) 586-4800 ext. 3053.



How Does it all work?

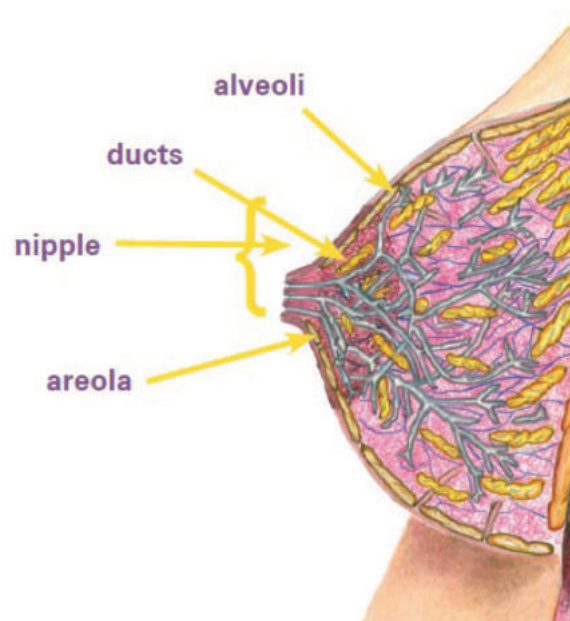
Your breasts start getting ready during early pregnancy through **Mammogenesis**.

Mammogenesis is the rapid growth and cell development of the alveolar and ductal tissue.

Most women will notice their breasts increase in size and sensitivity during this time. The **alveoli** are grape like clusters that make and store breast milk.

Breast milk flows from the alveoli to the nipple in **ducts**. The **nipple** is where the milk ducts merge and where the breast milk exits the breasts. The **areola** is the dark area around the nipple. It increases in size and colour in response to hormones during pregnancy and breastfeeding.

The amount of breast milk produced is affected both by hormones and how often and effectively breast milk is removed from the breast. **Prolactin** is the hormone that stimulates the alveoli to produce and secrete breast milk. The level of prolactin is highest at night; therefore breastfeeding at night is important to increase the amount of breast milk that is made. **Oxytocin** is the hormone that sends messages to the alveoli to let the milk down the ducts to the nipple.



Milk volumes change to meet your baby's needs. In the first few days your baby's stomach size is very small and can only hold a few drops of breast milk.

As your baby's stomach size increases your breasts will slowly make more breast milk. After giving birth, your breasts will make up to 50 mls over the next 72 hours. By the time your baby is one month of age your breasts will make more than 600 mls/day.

It is important to start breastfeeding **early**, within the first hour after birth, to start lactation.

More breast milk will be made when your baby breastfeeds **frequently** using an effective latch and suck. You will make more breast milk when you are comfortable and supported emotionally.

BREASTFEEDING AT NIGHT
IS IMPORTANT TO INCREASE
THE AMOUNT OF BREAST
MILK THAT IS MADE

My Notes



The First Days of Breastfeeding

IT'S THE MOMENT YOU'VE BEEN WAITING FOR. FINALLY YOUR BABY HAS BEEN BORN AND YOU ARE READY TO FEED THEM THE WAY YOU KNOW NATURE HAS INTENDED. YOU CUDDLE THE BABY IN YOUR ARMS, FEED PEACEFULLY, AND WATCH YOUR BABY DRIFT OFF TO SLEEP.

Sounds simple, right?

Well, there's a lot more to it than that! When you start to breastfeed, you are learning a new skill. Like any new skill, it may be awkward at first, but it gets easier with practice.

Do you remember the first thing you ever cooked? Did it turn out perfectly? Did someone help you? Remember that both you AND your baby are learning.

One day, breastfeeding will seem so easy you won't even have to think about "how" to do it – just like cooking, driving, or the many other skills you have. The first month of breastfeeding is the most intense. Give yourself time to adjust. You may need to ease up on housework, rest when your baby does, and enlist helpers like your partner, parents, or friends.

Feel like chatting? You can call a Breastfeeding Buddy.

This month will soon pass and your baby will enjoy many benefits as a result of your dedication. It does get easier as he or she will take less time at each feeding and will sleep for longer periods.

Keep your baby close to learn their many cues. Babies communicate with us in many ways other than crying. **Skin to skin is one of the best ways to do this.**

Ask that you and your baby have skin-to-skin contact right after birth for at least one hour or until after the first feed. **The baby should be placed near the breast within a half hour of giving birth to start suckling.** Giving your baby lots of skin-to-skin contact in the first few weeks will help with breastfeeding.

Skin-to-skin

Skin-to-skin means holding your bare baby against your bare chest or tummy. If you have a partner, they can spend skin-to-skin time together too. It is a great way for you and your partner to spend time together and bond with your baby. **Skin-to-skin has many health benefits for both mother and baby.**

Babies

- ✦ Breastfeed better
- ✦ Cry less and are calmer
- ✦ Stay warmer
- ✦ Enjoy more comfort from you
- ✦ Have better blood sugar levels
- ✦ Are protected by some of your good bacteria

Mothers

- ✦ Breastfeed more easily
- ✦ Learn when your baby is getting hungry
- ✦ Bond more with baby
- ✦ Gain confidence and satisfaction caring for your baby

What does breastfeeding feel like?

When you first put your baby on the breast, you will be astonished by how strong that tiny mouth can suck. It's incredible how babies come equipped for their own survival!

Your milk will flow out of many openings on the nipple. ***Some milk is always waiting in your breast for the baby, but more milk is made at each feeding while you are breastfeeding.***

When you first pick up the baby to feed, your breasts may feel firm and full, then soften by the time you finish. This is especially true in the early days, but can change over time. Your breasts will stay soft all the time when breastfeeding an older baby, yet there is still just as much milk.

Your breasts are never empty, even after a feeding, because your body makes more milk every time you breastfeed.

A few minutes into a feeding session, you will feel a tingling rush, called ***letdown***. This sensation is different in each woman.



For some, it's a mild feeling, while others feel it more strongly, or not at all. Letdown is when your milk starts flowing out more quickly. It can happen more than once during a feeding.

If you find your uterus cramping in the first week of breastfeeding, you can take over-the-counter pain medication on your doctor's recommendation. The cramping is helping to bring your uterus back into its pre-baby shape.

While you are breastfeeding, you may notice that you start to feel relaxed and content, even when you felt just the opposite only moments before. This is from the hormone ***prolactin***, which is released during breastfeeding. Scientists call it the "love hormone".

The hormone prolactin is released during breastfeeding.



How do I Breastfeed?

Getting the baby latched onto the breast correctly is the key to breastfeeding.

There's nothing like watching a baby breastfeed to really understand, but here's a written description that may be helpful:

1. Get comfortable

You will be sitting in this position for up to half an hour or more! Sit comfortably with support, leaning back. Your baby should be at chest level.

2. Hold your baby tummy-to-tummy

The baby's head and shoulders should be facing your breast. No one wants to drink with their head turned sideways. Baby's ears, shoulder and hip should be in a straight line. Baby's nose should be in line with your nipple and tuck the bum in.

3. Support the breast and your baby's back

Hold your breast with your thumb and other fingers (like a "C"). Keep your thumb and fingers away from the nipple. If your breast is very large, tuck a rolled up towel underneath for support. Gently cup the baby's head at the back of the shoulders and under the ears. You may find you need to keep supporting both breast and baby for the entire feeding in the early days.

4. Bring the baby up to your breast

Don't lean over and try to put your breast in the baby's mouth.

5. Encourage baby to open wide

Touch the baby's bottom lip with your nipple. When baby makes a large wide "O", move her/him onto the breast in a quick motion. If you make the "O" face, baby will imitate. Aim the nipple towards the upper roof of baby's mouth. The baby's mouth will cover the nipple AND areola. Remember, its breastfeeding, not nipple feeding.

6. Check the baby's lips

Baby's lips should be rolled out on top and bottom. If you peek at the baby's tongue by pulling down the lower lip, it will be over the gums and under the breast.

THE BABY'S MOUTH WILL
COVER THE NIPPLE AND
AREOLA. REMEMBER, ITS
BREASTFEEDING, NOT
NIPPLE FEEDING

7. Adjust baby's nose by angling baby's body

Your baby's nose is designed to be right against the breast. Because of flared nostrils he/she will be able to breathe. If you need to adjust, simply tuck baby's bum into your body to change the angle and allow more air-flow.

In the beginning, it is common to feel some tenderness when you first put the baby on the breast. This feeling may occur in the first week, and only at the beginning of a feeding. By the time you feel letdown (that tingling sensation), the tenderness will have gone away.



Breastfeeding should not be painful throughout a feeding.

If it is, your latch and or position needs to be corrected. Stop what you are doing and start again.

Don't try to "grit your teeth and put up with it", you may damage your nipples. Painful breastfeeding can lead to less feedings and a decrease in milk supply. Gently break the baby's latch by inserting your finger into the side of the baby's mouth and start again.

Latching Tips

- ☞ **Watch for early feeding cues.**
Early feeding cues lead to a more successful latch
- ☞ **Place baby skin-to-skin**, if able
- ☞ **Tuck baby's bum in tight to your waist** with you supporting arm
- ☞ **Touch bottom lip to nipple** to encourage your baby to open its mouth
- ☞ **Watch for a wide, open mouth.** Move baby to your breast quickly
- ☞ **Listen** for swallowing sounds
- ☞ **Break the suction before** taking the baby off.

Watch for early feeding cues.

Breastfeeding positions



Laid-Back Breastfeeding

A natural and simple position while your baby is learning to breastfeed, when your baby is not breastfeeding well, or when your nipples are sore. Sit comfortably with support, leaning back with your baby skin-to-skin on your upper chest between your breasts.



Cross-Cradle

A good position for learning to breastfeed because it is easier to support the newborn's head.



Football

Great for learning to breastfeed, because you can see what your baby is doing while breastfeeding. This position is also helpful if you have large breasts or after a Caesarean because the weight of the baby does not rest on your incision.



Cradle

This is the hold you see most often in pictures. It's very comfortable, but is easier with an older baby that can support itself.



Side Lying

A useful position to help you get more rest while breastfeeding! If you find this position awkward at first, wait a week or so and try again

The First feeding

The best time to start

breastfeeding is within the first half hour after birth, because your baby will be awake and alert. Sometimes this is not possible. Don't worry; simply start as soon as you can. ***Plan to hold your baby uncovered against your bare skin for at least one hour after birth or until after the first feed, as this sends hormone signals to you and your baby's body about breastfeeding.***



Colostrum is your first milk. It is yellow and comes in very small quantities to meet your baby's need and small stomach size. If you aren't able to breastfeed at first, hand express some drops of colostrums onto the baby's lip. Small amounts of colostrums can also be hand expressed and fed to baby on a spoon. This will help raise your baby's blood sugar and interest in breastfeeding. ***Colostrum is very rich in antibodies and protects your baby from illness.***

How often do babies breastfeed?

Mothers are encouraged to breastfeed for the first six months of their infant's lives.

Breastfeeding should continue along with the right foods for your baby's age and stage until two years of age or longer. ***Breastfeed often, breastfed infants should be fed at least eight times in a 24 hour period.***




















Newborns may need to be awakened to feed while breastfeeding is being established and until your baby has regained their birth weight. Once breastfeeding is going well, infants should be fed according to hunger cues.

Avoid the use of pacifiers, especially during the first four to six weeks.

"Cluster" feeding is common. Your baby may want to nurse several times in a short time span (every hour or more) and then sleep for a longer time. Many mothers find that clustering occurs at a certain time of day, like early evening or over the dinner hour. Cluster feeding builds up your milk supply, especially at night.

ONCE BREASTFEEDING
IS GOING WELL,
INFANTS SHOULD
BE FED ACCORDING
TO HUNGER CUES.

GUIDELINES FOR NURSING MOTHERS

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	       								
At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.									
Your Baby's Tummy Size	Size of a cherry 		Size of a walnut 		Size of an apricot 		Size of an egg 		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	At least 1 WET 		At least 2 WET 		At least 3 WET 		At least 4 WET 		
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	At least 1 to 2 BLACK OR DARK GREEN 		At least 3 BROWN, GREEN, OR YELLOW 		At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE 				
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth.			From Day 4 onward your baby should gain 20 to 35g per day (3/4 to 1 1/4 oz) and regain his or her birth weight by 10 to 14 days.					
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

best start
meilleur départ

by/par health *nexus* santé

Breast milk is all the food a baby needs for the first six months — At six months of age begin introducing solid foods while continuing to breastfeed until age two or older. (WHO, UNICEF, Canadian Pediatric Society)

If you need help ask your doctor, nurse, or midwife. To find the health department nearest you, call INFO line: 1-800-268-1154. For peer breastfeeding support call La Leche League Canada Referral Service 1-800-665-4324.

03/2009

How long is a feeding?

Babies have small stomachs and breastfeed frequently because breast milk is so easy to digest. ***A baby's stomach at birth is about the size of a cherry.*** It doesn't take much to fill up!

Always feed your baby on the first breast for as long as your baby wants to. ***Your baby will naturally let the breast go or fall asleep when they are done.*** If your baby falls asleep you can try burping or changing a diaper to wake your baby up to continue breastfeeding on the other breast. At the next feeding, reverse the order of breasts. Some women move a bracelet from one wrist to the other to know which side to start on.

Watch for your baby's cues. Your baby will tell you when she is ready to feed and when she is finished. Cue-based feeding minimizes weight loss, helps babies know when they are full and increases mother's milk supply.

Don't wait for your baby to cry to begin breastfeeding. Instead, watch for early feeding cues

Early feeding cues include

- ✎ Restless sleep
- ✎ Rooting
- ✎ Slight sucking motions
- ✎ Sticking out the tongue

Active feeding cues include

- ✎ Rooting
- ✎ Trying to get into a breastfeeding position
- ✎ Squirming
- ✎ Breathing fast
- ✎ Light sounds
- ✎ Whimpering

When your baby is finished feeding

- ✎ Your nipple will have a normal, rounded shape and they should not look pinched.
- ✎ Your breasts may feel softer. This is more noticeable during the first few weeks of breastfeeding.
- ✎ Your baby should be relaxed and content. Your babies may fall asleep when they are done feeding. Older babies may stay awake but let you know they are done feeding by turning away or starting to play.
- ✎ Younger babies often fall asleep at the breast, but when you take them away, they wake up again. If your baby does this, it is a sign that he was not yet finished.

How do I know my baby is getting enough?

You can tell what's going in, by what's coming out. By the seventh day after birth, your baby should have six or more wet diapers per day and at least three, soft, yellow bowel movements.

It can be hard to tell when a disposable diaper is wet. Pour three tablespoons of water onto a diaper to get an idea, or line baby's diapers with a piece of paper towel.

While your baby is feeding, watch her/his sucking pattern. At the beginning of a feed, the baby has light, fluttery sucks. Once your milk lets down, there is a suck-suck-pause pattern. The pause is when the baby swallows.

My Breastfeeding checklist

I've got what it takes to
make a healthy baby

Desire, Knowledge,
Support, Plan



FIRST FEEDING

- ▶ Begin within a half an hour of birth
- ▶ Hold your baby skin-to-skin
- ▶ Feed baby colostrum, the first milk

BREASTFEEDING ON CUE

- ▶ Baby feeds at least eight times in 24 hours
- ▶ Wake baby to feed at night if needed for the first two weeks
- ▶ Watch your babies hunger cues (not the clock) to see when and how long to breastfeed
- ▶ More frequent cluster feedings are common, especially in the evening

SUCCESSFUL PRACTICES

- ▶ Mother and baby "room-in" together
- ▶ Offer both breasts at each feeding
- ▶ Let baby decide when to finish feeding from each side
- ▶ Avoid bottles and pacifiers for the first four to six week
- ▶ Solving Problems
- ▶ Don't ignore pain
- ▶ Break the suction and start again
- ▶ Get help at the hospital or by making an appointment fr
- ▶ Use pain medication recommended by a doctor

MY SUPPORT NETWORK

- ☞ Partner
- ☞ Mother, mother-in-law, sister, aunt
- ☞ Friends who have breastfed
- ☞ Region of Waterloo Public Health 519-575-4400
- ☞ Breastfeeding Buddies Peer Support 519-772-1016
- ☞ La Leche League Canada 1-800-665-4324



Vitamin D for Baby

Breastfed babies need a vitamin D supplement of 400 IU every day until they are two years old. For more information about giving vitamin D to your baby, talk to your health care provider or call Region of Waterloo Public Health 519-575-4400.

Are there any foods I need to avoid?

On average, breastfeeding women eat about 350-400 more calories per day, which is like eating 2-3 extra food servings. Like all women at any stage of life, you should eat a varied, balanced diet. If you find yourself feeling rushed, reach for nutritious snacks like yogurt, fruit, and whole grain toast.

If you find that there are days when your eating hasn't been perfect, don't worry! Your body will still produce nutritionally complete milk for your baby.

Breastfeeding mothers also need more fluids, so drink up! There are no rules about how much to drink, so reach for healthy beverages like water, milk, decaffeinated coffee, or juice.

There are no foods that need to be avoided when breastfeeding. You may have heard that foods like cabbage, broccoli, cow's milk, spicy foods, etc. cause fussiness. Every culture has myths surrounding food and breastfeeding. **Go ahead and eat foods that you enjoy. Sensitivities are rare.**

Do I need to prepare my nipples?

Nipples do not need any special preparation for breastfeeding. You might have heard that

you need to toughen them up by rubbing them with a washcloth or applying special creams. This is untrue. You may find yellow or clear crystals in your bra near the end of your pregnancy. This is nothing to worry about; it's colostrum (milk).

Getting Enough Sleep

Babies wake during the night to feed, regardless of how they are being fed.

New mothers are often asked, "Is your baby sleeping through the night?" Advice on this topic is often misinformed. Giving ABM or cereal before bed does not help baby to sleep longer. Letting the baby "cry it out" for long periods is not advised, especially for newborns, which need to feed during the night.

You might find your baby does sleep for longer night periods for a time, but that can change again, especially during a growth spurt or teething. Keep this in mind when groups of mothers compare sleep patterns.



How can you get enough rest?

Nap during the day whenever you can. At night, try to go to bed within an hour of your baby. It's tempting to stay up and try to get work done, but if you follow this advice, you will find your sleep less disrupted. There are light and deep cycles of sleep. It is easier to wake up when mother and baby are both in the light sleep cycle.

You can also get more rest if the baby is nearby at night and you can breastfeed lying down. Each family has its own way of working this out. Some mothers have a mattress on the floor beside the crib. Others have a bassinet in their bedroom.

Leaking Milk

Leaking between feedings happens most often during the early days of breast-feeding. ***The best prevention is frequent, regular feeding.*** You can also use breast pads to absorb extra milk. At night, lay towels across the bed, or wear a soft bra that is not too tight. When you feel your breasts let down outside of a feeding, apply pressure with your palms or crossed arms. This will help shut off the tap!



WHAT CAN I EXPECT IN THE FIRST WEEK?

DAY 1

After the first hour, your baby will probably be sleepy for the remainder of the day, but may also cluster feed later in the day. This is a good day for both of you to practice feeding.

DAY 2

There is an increase in feedings - often longer and more often. Baby and mother are both learning to latch. Your baby may be sleepy.

DAY 3

There is an increase in cluster feedings before the mature milk comes in. Your baby may be restless and fussy. It is normal to feel very emotional, thanks to hormones!

DAY 4

Milk "comes in". You may feel quite full if your baby did not cluster feed on day three. Some babies may be jaundiced or sleepy and need stimulation to feed well.

DAY 5

Baby will show obvious signs of drinking (swallowing) while sucking.

DAY 6 & 7

Any nipple tenderness is starting to ease. Your baby is learning to feed well and form her/his own patterns.

It is important for you to get enough rest.

When do I need help with breastfeeding?

Seek professional help if:

- ✎ You have a red, hot painful area on your breast and fever or flu like symptoms or you have tender, sore cracked nipples
- ✎ Your baby is not feeding well or is refusing to feed
- ✎ Your baby's skin and/or whites of the eyes appear yellow or are becoming more yellow
- ✎ Your baby has fewer wet diapers or bowel movements than expected (see page 17)
- ✎ Your baby shows signs of dehydration (decreased number of wet diapers, weight loss, difficult to wake, dark and/or strong smelling urine, weak cry, dry mouth or tongue, cracked lips)



Seek help if your baby shows signs of dehydration.

Where is help available?

A great time to set up help is before your baby is born.

You can link up with a **Breastfeeding Buddy** prenatally, so that in the busy first week of breastfeeding, you have a friend who understands what you're going through and can help you through the rough spots.

You can also talk to a Breastfeeding Buddy at a drop-in group. These groups meet at locations in Waterloo Region each weekday.

Call Breastfeeding Buddies at 519-772-1016 to get a current schedule.



After the baby is born

a midwife, postpartum nurse, public health nurse, or lactation consultant can be an excellent resource for typical just-getting-started difficulties.

Information is also available by telephone:

Region of Waterloo Public Health

519-575-4400

La Leche League Canada

1-800-665-4324

La Leche League Canada is a mother to mother group that provides breastfeeding support and education.

Trained volunteers hold monthly meetings where mothers share information and talk about their experiences. Members receive a bi-monthly magazine and have access to the group's library.

Membership is NOT necessary for attendance. Pregnant women, moms, and their babies attend these meetings.

Call the **Community Information Centre** at 519-579-3800 for local meeting times and locations.

Use the resources available to you.



A Breastfeeding Buddy Is

A caring, committed, and trained volunteer who has breastfed.

She will...

- ✎ understand and listen
- ✎ provide encouragement
- ✎ respond to questions and concerns
- ✎ share experiences



breastfeeding
buddies

For more information, call
519-772-1016

Breastfeeding Buddies Coordinator

Kitchener Downtown Community Health
Centre 44 Francis St S, Kitchener

**Breastfeeding Buddies is a
program that was inspired
by breastfeeding moms.**

We recognize the value and need for
mom-to-mom support for
successful breastfeeding.



Partners and Breastfeeding

Sometimes partners wonder how they can bond with their baby without feeding them. Partners can be involved in many other ways!

Your baby will enjoy skin-to-skin, rocking, walks, bathing, diaper changing, and being soothed by you.

Babies love familiar voices; they remember you from when you spoke to them before they were born. Try tucking baby against your bare chest and making low humming sounds.

Partners also play a role in ***encouraging a mother in the early days of breastfeeding.*** You can help protect your partner from criticism by letting everyone know that breastfeeding is the healthiest way to feed your baby.



If your partner encounters problems, ***you can support her by valuing her efforts*** and believing that everything will work out. Free, expert health care is available for breastfeeding women. In the first weeks after birth, it is very busy. Your partner may not be able to keep up with her share of housework, laundry, or cooking.



Help out, or arrange for other help. You can also give your partner a break by taking the baby for a walk or encouraging her to rest between feedings.

Sometimes a mother may not feel as sexual during early breastfeeding. She may feel “touched out.” This will pass and normal feelings will resume. As well, some women find their vaginal area is tender and dry, so extra lubrication like K-Y Jelly may be needed.

It is normal to feel a bit jealous of mother and baby. It’s almost like they are a new couple. ***But as the partner, you are important to her and your child.***

Becoming a new parent is a HUGE change. Be good to each other!

Single Parenting

What if you're on your own?

Just like any mother, single parents need time to rest and take a break from baby.

If you have offers of help from family or friends, consider how to direct their help.

Ask for meals, an hour spent walking the baby, or just sticking around while you have a shower.

Look for helpers who are positive about breastfeeding and won't make negative comments when you're vulnerable.

No helpers?

You might consider hiring a doula to come and help you with breastfeeding, laundry, or cooking. Doulas' fees are often based on income.



***Surround yourself
with supportive
helpers***

***You can also call Region of Waterloo
Public Health at 519-575-4400
with questions or concerns.***

How To Respond To Unwanted Advice

Have you ever heard the phrase,
“It takes a village to raise a child?”

You may find that everywhere you go, people (including complete strangers) will give you their advice on parenting, whether you want it or not!

Sometimes this advice can be helpful, but at other times it may be based on opinion or misinformation.

What to do? What to say?

When someone gives advice, they want to help. But, there are often other feelings that influence their advice.

A mother, mother-in-law or friend may feel you are rejecting the choices they have made. In those situations, you might say, “I’m glad that worked for you” and leave it at that.

Ignore those who give you bad advice.

You can thank them for their desire to help, yet not change your own decisions. If they persist, you might say, “my doctor/midwife or the Canadian Paediatric Society says I should do it this way.”

When negative comments start to get under your skin, seek out like-minded mothers.

Try Breastfeeding Buddies, La Leche League, or other mother and baby programs. Together you can laugh it off!

ALL THE FOLLOWING COMMENTS ARE FALSE!

- ✗ Don’t be surprised if you don’t have enough breast milk
- ✗ ABM is as good as breast milk
- ✗ Breastfeeding hurts
- ✗ Women with small or large breasts can’t breastfeed
- ✗ A baby won’t bond with its father if he doesn’t give a bottle
- ✗ Breastfeeding is indecent
- ✗ Babies who are picked up every time they cry become spoiled
- ✗ Feedings should be scheduled
- ✗ ABM and/or infant cereal at bedtime will help my baby sleep through the night
- ✗ A mother’s milk can dry up because: she ate the wrong food, didn’t drink enough water, she was stressed out, etc.
- ✗ You’re still breastfeeding?!!
Babies should stop breastfeeding: at six months, when they get teeth, many other reasons, etc.

Nearly all women can breastfeed.

- ♥ My body is preparing to breastfeed as my pregnancy develops.
- ♥ Breastfeeding is a skill. Just as I learned to _____, I will also learn to breastfeed.
- ♥ The first week is the hardest. Once I get past that, it will be easier.
- ♥ Help is available if I need it.
- ♥ One day breastfeeding will be second nature.
- ♥ The more my baby breastfeeds, the more milk there will be.
- ♥ My breasts are never empty.
- ♥ Breastfeeding means my baby will always have food.
- ♥ My breast milk changes to meet my baby's needs, especially during illness.
- ♥ My partner plays a special role in supporting me and breastfeeding our baby without artificial feeding.
- ♥ Information changes, what worked for my mother, mother-in-law or friend may not be based on current information.
- ♥ As a mother, I know my baby best. My intuition is important.
- ♥ If breastfeeding is delayed, I can hand express or pump my milk.
- ♥ Any amount of breast milk benefits my baby.



***As a mother, I know
my baby best. My
intuition is important!***



My own affirmation(s)

Solving Breastfeeding Problems

Increasing Your Milk

The first rule in increasing your milk supply is to take care of you.

Rest, eat, and drink enough and breastfeed more often for a few days. Try to breastfeed every two hours, including through the night. Switch back and forth between breasts several times during a feeding and don't limit time at the breast. ***If you have been "topping up" with ABM, do not quit cold turkey!*** You need to ease off ABM gradually, as it takes a day or two for your body to respond to increased demand.

You will notice that there are days when your baby seems to want to breastfeed more often. She/he may seem fussy and unsatisfied. This is because your baby is about to have a growth spurt. If you follow your baby's cue and nurse more often, your milk supply will increase within a day or two to meet the increased need. This is quite common at two to three weeks, six weeks and three months of age.

Sometimes women notice changes in breastfeeding their older baby and worry that they don't have enough milk. ***Soft breasts, no leaking, no letdown sensations, shorter breastfeeding sessions and slower weight gain after six months are all normal patterns in breastfeeding.*** This happens as your breasts adjust and your baby becomes more efficient at sucking. It does not mean less milk.

Sleepy Newborn

Sleepy babies sometimes don't nurse often enough. Therefore, they do not get enough milk and become even sleepier. Babies with jaundice can also be very sleepy.

It can be tough to wake them up enough to nurse, but it's absolutely essential.

Here are a few ideas on how to wake the baby:

- ✎ Watch for rapid eye movements during sleep. This is the easiest time to try.
- ✎ Dim the lights.
- ✎ Cool baby, by removing blankets, or undressing.
- ✎ Change baby's diaper.
- ✎ Talk directly to your baby and try to make eye contact.
- ✎ Tickle baby's feet. Tickle his/her hands and legs. Circle baby's lips with your finger.
- ✎ Wipe baby's forehead in the opposite direction of the hairline with a cool, damp cloth.
- ✎ Sit baby up and walk your fingers up the baby's spine.
- ✎ Express milk onto the baby's lips.
- ✎ If baby keeps falling asleep while feeding, try massaging and breast compressions.

Sore Nipples

Sore nipples are almost always caused by the wrong latch or position. If you find this happening to you, get professional help as soon as possible to avoid further injury. Your nipples may become red, cracked, or scabbed.

Use cold gel packs or bags of frozen peas to provide relief immediately before and after a feeding.

Start feeding on the side that is least painful.

If you are engorged, soften the breast a little by pumping or hand expressing up to 1 oz (30 ml) of milk.

Try different breastfeeding positions to take pressure off the affected area. Your doctor can recommend an over-the-counter medication to help with the pain. This should be taken 30 minutes before a feeding. In severe cases, an antibiotic or anti-inflammatory cream can be prescribed. ***If your nipples are in bad shape, you may need a break for one or two nursing sessions.***

Try hand expressing the worst side while continuing to nurse on the opposite side. Feed the baby your expressed breast milk using a cup or spoon. Ask your health care provider, hospital or public health nurse to show you how to do this.

Once you've got your latch fixed, you will feel an immediate lessening of pain. The healing process takes the same amount of time as any other scab. After a feeding, hand-express some milk and leave it on your nipples.

Some women find it helpful to apply a thin layer of breastfeeding cream. There is no need to wipe the cream off before the next feeding. If possible, leave your breasts exposed to the air to promote healing.

Plugged Ducts

Typically a plugged duct shows up as a hard, red, painful spot on one breast.

The best way to prevent these is to breastfeed regularly. Don't skip or delay feedings.

It's also important to avoid tight-fitting or underwire bras.

Try not to overdo it, as plugged ducts are more likely when a mother is overtired. This is your body's way of telling you to slow down and rest.

The best way to resolve a plugged duct is to apply heat by soaking in a warm tub, and of course, rest as much as possible.

Remove any bits of dried milk on the nipple. Gently massage the sore area in little circles with three fingers, and breastfeed often with the baby's nose or chin pointing toward the sore spot.



Engorgement

Once your mature milk “comes in”, three to five days after your baby is born, you may experience engorgement. This is when your breasts are hard and very swollen. It can feel like you’re ready to burst! Your breasts may feel hot, hard, shiny or lumpy. Engorgement can be painful.

To avoid this condition, you should breastfeed your baby often, starting shortly after birth. Don’t hold off or delay feedings.

If your baby is sleepy or having latching problems, hand express or pump your milk.

Engorgement can also happen with an older baby when he or she feeds less often than usual (for example, during illness, busy holidays, or weaning too quickly).

Engorgement is temporary, if managed. Between feedings, use cold packs (like bags of frozen peas) to help reduce swelling. Before a feeding, cover your breasts with warm washcloths or take a warm shower.

Anti-inflammatory, over-the-counter pain medication can be recommended by a doctor.

Continue to nurse your baby as much as you can. Avoid using bottles or pacifiers.

To relieve the pressure you can hand express or pump up to 1 oz (30 ml) of milk from each side. **Be careful not to pump much more than this or your breasts will make more milk.**

Expressing also helps if your nipples and areola are too hard or flat to latch the baby easily.

Mastitis

Mastitis is a breast infection that can affect one or both breasts. Your breast(s) will be painful and you will have flu-like symptoms, including fever. You will feel very sick!

Common causes of mastitis are:

- ✎ Getting too run down and tired
- ✎ A plugged duct becomes infected
- ✎ Germs from the baby’s mouth enter the breast through a cracked nipple


If your fever lasts longer than 24-hours, you need medical care.

A doctor will prescribe an antibiotic which is safe during breastfeeding. It is really important to rest as much as possible and breastfeed often, especially on the affected side. It may be painful when feeding.

Sometimes a baby might be fussy at the breast because the milk tastes different. If this happens, continue to breastfeed or hand express or pump your breast milk if needed. T

This milk will not hurt the baby, so do not stop breastfeeding. **You could have further medical problems if you wean suddenly.**

Get medical care if a fever lasts more than 24 hours

A close-up photograph of a baby's face, showing its eyes, nose, and mouth. The baby is looking directly at the camera with a slight smile. The background is a soft, out-of-focus green and white pattern.

Thrush

Thrush is a yeast infection occurring in the baby's mouth and on the mother's breasts and nipples. It is the same as a vaginal yeast infection.

Thrush feels like a burning or stabbing sensation in the breast or nipple. The pain may begin during feeding and continue between feedings.

Your nipple may be itchy, red, shiny, or flaky.

Inside the baby's mouth you may see white patches that will not rub off. Your baby might also have a very red diaper rash that does not respond to diaper creams. Sometimes neither mother nor baby shows any signs, except for the pain.

As soon as you suspect thrush, start a home remedy of one tablespoon of vinegar in one cup of water, sponged onto the nipples after every feeding. Let your nipples air dry. Wash all nursing bras, breast pads and cloth diapers in hot, soapy water. If you are using pacifiers, boil pacifiers for 20 minutes or buy new ones. Wash any toys the baby has chewed on. Change wet breast pads frequently and avoid disposable pads with plastic backing.

A doctor can prescribe an anti-fungal treatment for you and baby. Sometimes it may take a few different medications to find the one that will work for you. Some women also take acidophilus, which are friendly bacteria, in addition to medication. These supplements are now stocked in many drug stores, as well as health food stores.

Expressing Breast Milk

Most women are able to express breast milk by hand.

You may need to express breast milk if:

- ✎ Your baby is having difficulty with latching
- ✎ Your breasts are too hard for your baby to latch
- ✎ You want to give your baby breast milk when you are away from your baby
- ✎ You need to increase your breast milk supply



You can express your breast milk by hand or by using a breast pump.

Hand expression takes time to learn but will become easier and faster as you practice.

It involves no cost, is always available and can be done anytime, anywhere.

TIPS FOR EXPRESSING BREAST MILK

- ✎ Express in the morning, when your breasts feel fullest or after breastfeeding your baby.
- ✎ Be patient. You may only get a few drops of breast milk when first learning to express.
- ✎ Move your thumb and fingers in different positions around your nipple to ensure that all the breast milk ducts are emptied.
- ✎ Switch breasts whenever the flow of breast milk slows down.
- ✎ Most women are able to express breast milk by hand; however you can also express breast milk using a breast pump.

Be patient. You may only get a few drops at first.



How to express breast milk by hand

¹ Expressing milk pictures adapted and reprinted from *Breastfeeding Your Baby* with permission of Toronto Public Health.

1



Wash your hands with soap and water

2



If your baby is healthy, use a “clean” glass or hard plastic (BPA free) container to collect your expressed breast milk. “Clean” means to wash in hot soapy water, rise well with hot water and leave to air dry on a clean surface away from where food is made.

3



To help breast milk to drop, try any of the following:

- Place a warm towel on your breast for a few minutes
- Gently massage your breast towards the nipple
- Gently roll your nipple between thumb and finger

4



Place your thumb and first 2 fingers along the outer edge of the dark area (areola).

5



Push your thumb and 2 fingers straight back toward your chest.

6



Gently compress your breast using your thumb and fingers and roll fingers towards your nipple; then relax your fingers.¹

Repeat steps 4, 5 and 6 until the flow of breast milk slows down then switch to the other breast.

Breast Milk Pumps

Breast milk can be stored in glass or plastic.

For freezing, some women use special breast milk freezer bags.

Store saved milk in two to four ounce (60-120 ml) quantities. This is about how much your baby will drink in one feeding.

Breast milk can be stored in the refrigerator for up to five days. Whenever possible, give your baby fresh milk instead of frozen. Stored milk will separate into a watery, sometimes bluish layer and yellow creamy layer. This is normal. Just shake gently to remix.

Why?

Some women buy a pump so that a caregiver can give breast milk to the baby. A pump can also be useful in the early days to help relieve engorgement or draw out flattened nipples. However, a pump can be expensive. You won't need one if you learn to hand express your milk.

What?

Many mothers find that usually electric pumps are not needed unless you are pumping a lot (for a premature or sick baby or if you return to work soon after birth). If you need this type of pump, you can rent or purchase one from the hospital.

Most breast milk pumps are designed to be used by one person – like a toothbrush. Used pumps may not be safe, because they can carry serious diseases like HIV, hepatitis and other viruses.

Hand pumps like those from are single user pumps. It is not possible to sterilize their inside parts. Rental pumps, which have a different closed- system build, are designed to be used safely by many mothers.



When?

To store milk, it is often easiest to pump in the morning, when your milk levels are the highest.

Don't rely on one long session. You will get better results if you

pump more often (several times per day), rather than for longer periods.

When you are going to miss a feeding because you are away from the baby, pump at the same times you would normally feed her/him, for about 20 minutes. If you are only going to miss one feeding, you may choose to pump just to comfort level.

Don't skip pumping, or you may find your breasts getting too full, which can lead to plugged ducts or infection.

DON'T RELY ON ONE LONG SESSION. YOU WILL GET BETTER RESULTS IF YOU PUMP MORE OFTEN (SEVERAL TIMES PER DAY), RATHER THAN FOR LONGER PERIODS.

Storing Breast Milk

Place containers at the back of the refrigerator and freezer where it is coldest. Leftover milk should be thrown away.

Use glass or hard plastic (BPF) free containers with an airtight lid to store breast milk.

Wash bottles in hot soapy water and rinse well with hot water. Let the containers air dry on a dry clean surface away from where food is made.

There is no need to sterilize bottles containing expressed breast milk for healthy full-term babies.

If your baby is premature or in the hospital speak to your nurse about how to sterilize the containers you use to store your breast milk.

Storing tips for breastmilk

- ✎ Label containers with date and time
- ✎ Refrigerate or chill freshly expressed breast milk within 1 hour of expressing if you are not going to feed it to your baby within 6-8 hours.
- ✎ Always cool freshly expressed breast milk before adding it to already cool or frozen breast milk
- ✎ Leave a 1 inch (3 cm) space at the top of the container when freezing

Thawing frozen breastmilk

- ✎ Use the container with the earliest date first
- ✎ Thaw frozen breast milk by leaving it in the refrigerator for 4-24 hours
- ✎ Place container under cool running water. As it thaws, run warmer water to finish thawing
- ✎ Never thaw breast milk at room temperature
- ✎ Warm breast milk by placing the container in a bowl of very warm water for no more than 15 minutes
- ✎ Never thaw or heat breast milk in the microwave
- ✎ Do not refreeze thawed breast milk



NEVER THAW OR HEAT BREAST
MILK IN THE MICROWAVE

Breastfeeding Flexibility

Breastfeeding in Public

Feeling awkward about breastfeeding around others? Time to practice in front of a mirror.

Wear two piece clothing, like shirts, and pants, or skirts. Don't unbutton from the top, but raise your shirt from the bottom. For extra privacy, take an undershirt and cut holes in the breast area. If you keep this undershirt tucked in, then even your tummy area won't be exposed when you raise your top layer.

In the early days you may feel like you just can't get the hang of nursing without revealing everything. Sensitivity about breastfeeding in public breastfeeding gets easier as you become more comfortable with breastfeeding technique and your baby gains more head control.



Mothers who are breastfeeding in public cannot be asked to cover up, move, or stop breastfeeding.

If you would like more information on your rights and breastfeeding please call the Breastfeeding Buddies program coordinator at 519-772-1016 for more information. ***Mothers should be aware that some Regional buildings and Malls have breastfeeding/ infant feeding rooms.*** If you feel uncomfortable breastfeeding in public ask a staff person if the facility has a breastfeeding/ infant feeding room.

If the thought of any public breastfeeding makes you feel awkward, why not hand express or pump your breast milk at home and bring along a cup?

**IN CANADA, ALL MOTHERS
HAVE THE RIGHT TO
BREASTFEED IN PUBLIC
ANYTIME, ANYWHERE AND
ARE SUPPORTED IN ONTARIO
BY THE ONTARIO HUMAN
RIGHTS COMMISSION.**



Going Out Without Baby

You can hand express or pump breast milk for times when you will be away from your baby.

The easiest time to do this is in the morning when your milk supply is highest. You can pump on the opposite side while baby is breastfeeding, or pump between feedings.

As you pump, try to think about your baby or smell his/her clothes. The milk will start to flow slowly and increase after letdown.

Don't get discouraged if you don't pump or express very much milk at one sitting; it does not mean you don't have milk, only that your breasts aren't letting down for the pump.

Each time you pump even a little bit, cool the milk in the fridge and then add it on top of the previously pumped milk until you have two to four ounces (60-120 ml).

Some babies are reluctant to take a cup from a caregiver. A few ideas to try:

- ✎ Offer the cup when baby is sleepy or before baby is hungry
- ✎ Feed baby in a different position (e.g. facing out, or in a car seat)
- ✎ Rock, walk or sway while feeding



Back to Work and Breastfeeding

If you are returning to work, you don't have to stop breastfeeding.

You can provide your child with breast milk by expressing or pumping milk while at work and then storing the milk in the refrigerator.

The expressed breast milk can be given to your child the next day while you are at work. You can continue to breastfeed your child when you are at home. Talk to your employer about the use of a private space and temporarily arranging your schedule so that you can pump or express milk at work.

For more information about breastfeeding and your rights in the workplace call Region of Waterloo Public Health 519-575-4400.

Will Breastfeeding Fit Into My Lifestyle?

Common Questions That Are Asked



What if I smoke?



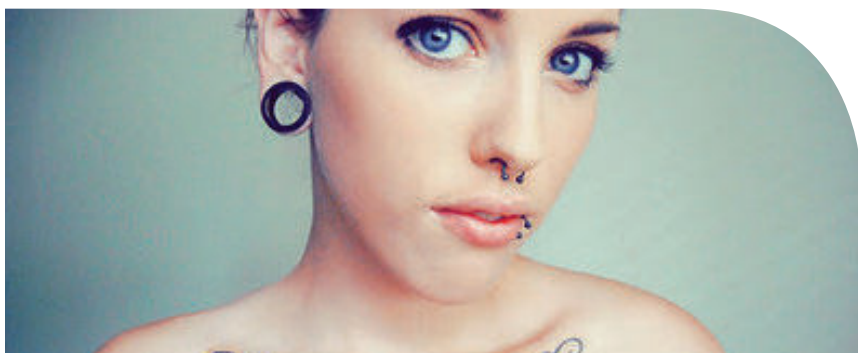
Can I drink alcohol?



Are medications safe?



Can I still party?



What if I have pierced nipples?



Can I take birth control pills?

Other Questions That Are Asked



Can I continue to go to work or school?



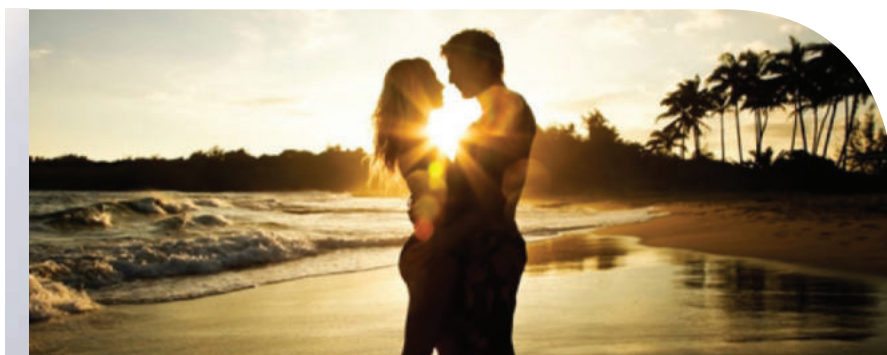
Can I breastfeed with my chronic illness/ disability?



What if i'm not comfortable breastfeeding in front of other people?



I'm worried because my partner, friends or family don't like the idea



Will breastfeeding interfere with sex?



List any other questions you have...

Lifestyle Concerns

Smoking and Breastfeeding

Breast milk is the best choice for your baby even if you smoke. Nicotine does pass into breast milk so it is best for both your health and your baby if you don't smoke. If you are having trouble quitting talk to your doctor about using nicotine replacement therapy (NRT).

To decrease the effects of smoking on your baby breastfeed before you smoke, do not allow smoking in the house or car and remove your smoking clothes and wash your hands before coming inside or holding your baby.

For information and help with quitting or cutting back call the free Smokers' Helpline at 1-877-513-5333.

Alcohol and Breastfeeding

Alcohol does pass into breast milk so the safest choice is to not drink at all.

However, if you are thinking about having an alcoholic drink try to pump some bottles ahead of time or limit the amount to one standard drink.

Breastfeed before you drink and wait 2-1/2 – 3 hours after having one standard drink to eliminate the alcohol in your breast milk before the next feeding.

For more information contact Motherisk at 1-877-327-4636, or go to www.motherisk.org.

MOTHERISK
TREATING THE MOTHER –
PROTECTING THE UNBORN

Street Drugs and Breastfeeding

Do not breastfeed if you use cocaine, crack, or large doses of amphetamines.

Information on marijuana use and breastfeeding is limited, but some research shows delayed motor development in the baby. THC, the active ingredient in marijuana, is found in baby's urine for two to three weeks after exposure.

Medications and Breastfeeding

There are a few medications that should not be used while breastfeeding, but often an alternative can be prescribed.

Motherisk is a reliable source that can advise you. They can be reached at 1-877-439-2744 or www.motherisk.org.



1-877-327-4636 Alcohol and Substance
1-800-436-8477 Morning Sickness
1-877-439-2744 Motherisk Helpline

Birth Control and Breastfeeding

Condoms protect against both pregnancy and disease.

Progestin-only birth control pills and Depo-Provera are compatible with breastfeeding.

Combined hormonal birth control containing both estrogen and progestin are not recommended until at least six weeks after birth as estrogen may decrease milk supply.

Breastfeeding can be used as a natural form of birth control for the first 6 months after giving birth as long as specific criteria are met.

For more information about the ***Lactation Amenorrhea Method (LAM)*** consult with a Public Health Nurse or Lactation Consultant before starting this method.

Often women ovulate (and can get pregnant) the month before their period returns.

IF YOU HAVE ANY QUESTIONS,
CONSULT WITH A PUBLIC HEALTH
NURSE OR LACTATION CONSULTANT



Shopping For Breastfeeding Gear

Nursing Bras

Who Needs Them?

Everyone needs this basic equipment. Nursing bras in the early days can help support the fuller breast, cut down on leaking, and help you to feel more comfortable about public nursing.

You may find that if you don't normally wear a bra, you will feel comfortable without one in the later days of breastfeeding. In the early days, a nursing bra can help "shut off the tap" if you leak.

What Are They Made Of?

Natural fibers, like cotton, are cooler and absorb moisture. Look for one that you can undo easily with one hand. One hundred per cent polyester bras can promote thrush.

Poorly-fitted underwire bras can lead to problems like plugged ducts.

"BREASTFEEDING DEFINITELY HAS ITS REWARDS. A HEALTHY, THRIVING BABY IS ONE OF THE PAYOFFS; A REAL SENSE OF ACCOMPLISHMENT FOR MOTHER IS ANOTHER. MANY A BREASTFEEDING MOTHER HAS PAUSED TO GAZE AT HER BRIGHT-EYED THREE-MONTH- OLD NURSING, SO MUCH BIGGER NOW THAN AT BIRTH, AND SMILED PROUDLY TO HERSELF, THINKING "I DID THAT. MY BODY NOURISHED THAT BABY."

Source: *Breastfeeding Pure and Simple*, Gwen Gotsch



How Do I Use Them?

Three weeks before your due date, buy a bra in your chest size (e.g. 38), but one cup size bigger (e.g., D instead of C).

After the baby is born, see how this bra fits and then send a friend out to the store to buy more.

If you bought a smaller nursing bra earlier in your pregnancy save it as this bra will probably fit you again when the baby is older (four to six months), when your breasts typically become smaller.

Nursing bras need frequent washing. They can be washed with baby's clothes.



Nursing Pads

Who Needs Them?

These pads soak up any milk that leaks out between feedings. Not all women leak, but you won't know this until you have your baby, so it's best to buy or make a few.

What Are They Made Of?

Natural fibres like cotton or wool are absorbent and stay cool. Disposable breast pads are lined with plastic, which can trap heat and moisture. This can lead to problems like sore nipples and yeast infection. Nursing pads should never be left wet inside your bra. Change frequently. Re-usable pads can be washed with baby's clothes.

How Do I Use Them?

Shrink new flannel beforehand, or cut up old flannel sheets or pajamas. Cut out four to six layers of circles about nine cm (3 1/2 inches) across and stitch together. Or, shrink old 100% wool sweaters in the washing machine and dryer (hot cycle). Cut out two to three layers of circles and stitch together. Try them out before your baby is born, to make sure you are not allergic to wool.

Nipple Creams

Who Needs Them?

Some women have found that nipple creams are soothing for cracked nipples. You do not need to put them on your nipples to prepare for breastfeeding. Creams can be purchased at pharmacies/drug stores.

How Do I Use Them?

Take a small amount of nipple cream and rub between your fingers and thumb until warm and spreadable. Apply to nipples after feedings until cracks have healed.

Never leave nursing pads wet inside your bra. Change them frequently.



Final Thoughts

We hope this handbook will be a useful resource.

Who ever realized there was so much to know about breastfeeding?

If you find the entire handbook a bit daunting, think of it more like a magazine. ***You can flip through, reading only the sections that relate to you right now.*** For example, perhaps you'll read the section on how to breastfeed before the baby is born, but skip the section on problems until you find yourself in a situation.

By coming to this workshop, you've given considerable thought about whether or not to breastfeed. After learning more about it, and examining your feelings and circumstances, you may find you can't breastfeed. Or just don't want to. Perhaps you've decided you'd like to try breastfeeding, but aren't sure if you'll succeed. Other mothers may feel confident that they will breastfeed, but then run into unexpected challenges. And many mothers will go on to breastfeed without trouble.

No mother's journey is the same as another's.

As Breastfeeding Buddies, we can share our own experiences with you, but in the end you must decide what will work for YOU.

Remember, breastfeeding is not an all or nothing decision – there are many options.

Take it one day at a time, and get the support you need to help you achieve your personal goals.



References

Best Start. (2013). Breastfeeding Matters: An important guide to breastfeeding for women and their families. Retrieved from http://www.beststart.org/resources/breastfeeding/pdf/BreastfeedingMatters_2013_low_rez_reference.pdf

Best Start Resource Center & Baby-Friendly Initiative Ontario. (2013). The Baby-Friendly Initiative: Evidence-informed key messages and resources. Toronto, Ontario, Canada: authors.

Bonyata K. (1999). Breastfeeding and Cigarette Smoking. Retrieved November 2004 from <http://www.kellymom.com/health/lifestyle/smoking.html>

Curtis C. (2003). Used Breast Pumps. Retrieved November 2004 from <http://www.breastfeedingonline.com/pump.shtml>

Drug Misuse in Breast Feeding Project. (2003). Breastfeeding and Drug Misuse: An Information Guide for Mothers. [Brochure] [Electronic version] Retrieved November 2004 from <http://www.ihs.plymouth.ac.uk/~dmbf/Leaflet.pdf>

Gotsch, Gwen. (2000). Breastfeeding Pure and Simple. (rev. ed.) Illinois: La Leche League International.

Health Canada. (2004). Exclusive Breastfeeding Duration – Health Canada Recommendation. Ottawa: Minister of Public Works and Government Services.

Ho E., Collantes A., Kapur B.M., Moretti M., & Koren G. (2001). Alcohol and breastfeeding: calculation of time to zero level in milk. [Electronic version] Biol Neonate 80: 219-22

INFACT Canada. (2003) Breastfeeding Means the World to Me. [Brochure] Toronto: Author.

International Lactation Consultant Association. (1999). Evidence Based Guidelines for Breastfeeding Management During the First Fourteen Days. [Electronic version] Retrieved November 2004 from <http://www.ilca.org/pubs/ebg.pdf>

La Leche League Canada. (2000). If Your Breasts Become Engorged. [Brochure]. Chesterville: Author.

La Leche League Canada. (2000). Treating Thrush. [Brochure]. Chesterville: Author.

La Leche League Canada. (1997). Tips for Rousing a Sleepy Newborn. [Brochure]. Chesterville: Author.

Mohrbacher N., & Stock J. (2003). The Breastfeeding Answer Book. (3rd ed.) Illinois: La Leche League International.

Moretti M. (2000). Breastfeeding and Drugs. Retrieved November 2004 from <http://www.motherisk.org/breastfeeding/index.php>

Newman J. & Pitman T. (2003). Dr. Jack Newman's Guide to Breastfeeding. (rev. ed.). Toronto: HarperCollins.

Riordan, J., & Auerbach, K. (1999). Breastfeeding and Human Lactation. (2nd ed.) Boston: Jones and Bartlett Publishers.

Thompson L. (2003). Drug Misuse in Breastfeeding Project References. Retrieved November 2004 from <http://www.ihs.plymouth.ac.uk/%7Edmbf/references.htm>

Toronto Public Health. (2014). Breastfeeding Your Baby. Retrieved November 2014 from <http://www1.toronto.ca/wps/portal/contentonly?extoid=0d8a1291bfc30410VgnVCM10000071d60f89RCRD>

UNICEF UK Baby Friendly Initiative. (2003). Sharing a bed with your baby. London: UNICEF Enterprises Ltd.

Ventner K. (2003, September) Breastfeeding Peer Support Course. Workshop modeled on the WHO/UNICEF 18 hour Lactation Management Course, Kitchener.

Waterloo Region Public Health. (2002). Fathering the Breastfed Baby. [Brochure]. Waterloo: Author.



