Breastfeeding Matters

An important guide to breastfeeding for women and their families

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by/par health nexus santé

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The information in this booklet is current at the time of production but information can change over time. Every effort will be made to ensure the information remains current.

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Ontario

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SECTION 1

The Importance of Breastfeeding

Breastfeeding is important for you and your baby. Breast milk is the natural food for newborns. It contains everything your baby needs. No question, no debate, no doubt.

Your baby needs only breast milk for the first 6 months. At 6 months, start solid foods and continue to breastfeed for up to 2 years and beyond. Find out the 10 Great Reasons to Breastfeed your Baby at www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/nutrition/pdf/reasons-raisons-eng.pdf

Breastfeeding matters because:

- Everyone benefits from breastfeeding: you, your baby, your family and your community.
- Breast milk is convenient, always the right temperature and available anytime.
- Breastfeeding is free.
- Breastfeeding promotes bonding between you and your baby.
- Breastfeeding is environmentally friendly.
- Breastfeeding reduces health care costs for your family and society.

Breastfeeding matters to your baby, because breastfeeding:

- Protects your baby from many infections and illnesses.
- Builds healthy eating habits.
- Promotes proper jaw development.
- Promotes healthy brain development.

Breastfeeding matters to you, because breastfeeding:

- Controls postpartum bleeding.
- Decreases rates of breast and ovarian cancers.
- Slows down the return of your period.

Today, most mothers in Ontario decide to breastfeed their babies. Read the *Ten Valuable Tips for Successful Breastfeeding* to help you make your breastfeeding experience even more successful and enjoyable at www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/nutrition/tips-cons-eng.php

Your Breastfeeding Rights

You have the right to breastfeed anywhere, anytime. This right is protected by the Canadian Charter of Rights and Freedoms. If you feel your breastfeeding rights are not being respected, report what happened to the Ontario Human Rights Commission. Groups such as La Leche League Canada and INFACT Canada may provide additional support. For more information about these groups, go to the *Getting Help* section on page 40 of this booklet.

A woman who is breastfeeding and returning to work has a right under the Ontario Human Rights Commission to be accommodated in the workplace so that she can continue to breastfeed her baby. Visit www.ohrc.on.ca/en/search/site/Discrimination%20Because%20of%20Pregnancy%20and%20Breastfeeding to view the policy and video on *Discrimination Because of Pregnancy and Breastfeeding.*

The Baby-Friendly Initiative

You may have heard the term, *Baby-Friendly*. The Baby-Friendly Initiative is an international strategy designed to support all mothers and babies by:

- Supporting mothers and their families to make an informed decision about feeding their babies.
- Promoting practices that give mothers and babies a healthy start.
- Protecting them from the marketing pressures of formula companies and companies that make or distribute artificial nipples and bottles.

There are hospitals, public health units and community health centres that have received this designation or are working towards it. They apply high standards on how they support mothers and families. These standards will help you to:

- Make an informed decision on how to feed your baby.
- Be prepared with accurate information about infant feeding.
- Feel supported as you learn to feed and take care of your baby.

Making an Informed Decision

Most people know that breastfeeding is normal for babies and that breast milk is the healthiest milk for babies. However, sometimes parents may give their baby infant formula for a variety of reasons:

- The baby has a medical condition and needs to be fed formula or to receive a special formula.
- The mother has a serious medical condition and is unable to breastfeed her baby.
- The mother and baby are separated from one another and the mother is unable to get enough breast milk to her baby.
- The mother has made an informed decision to feed her baby infant formula.
- The baby needs to be supplemented after breastfeeding for a medical reason. The best option is breast milk. This can be expressed by hand and/or by pump. For more information on expressing breast milk, go to page 13.

Giving formula to a breastfed baby can decrease your breast milk supply. Supplementing with formula may lead to quitting breastfeeding before you had planned to stop. It can be hard to restart breastfeeding after quitting.

Here is a list of supplements in order of what to try first if available:

- Your own fresh breast milk, hand expressed and/or pumped.
- Your own breast milk that has been frozen and thawed just before using.
- Pasteurized human milk (breast milk) from a human milk bank. Some milk banks may only have enough milk for babies with special needs such as preterm babies.
- Commercial formula that is cow milk-based.

Many parents use a bottle to give a supplement. Babies who are fed by bottle often find it harder to breastfeed. You can feed your baby a supplement using one or more of these methods. With the help of a knowledgeable professional consider a:

- Cup (open cup, not sippy cup) or spoon.
- Lactation aid which uses a tube at your breast.
- Finger feeder with a tube attached to your clean finger.
- Bottle.
- More specialized feeding devices.

If you are considering using formula, ask yourself:

- Why did I decide to breastfeed?
- Why am I considering feeding infant formula?
- Do I think that formula will help to settle my baby?
- Do I know all the methods to help settle my baby?
- Have I considered the the risks of not breastfeeding my baby such as diarrhea and ear infections?
- Am I being wrongly influenced? (family, friends, media, etc.)
- What was my original feeding plan?
- Have I talked with a health care provider who is knowledgeable and experienced with helping mothers and babies with infant feeding?
- What is the best decision for my baby, for me and for my family?
- Do I feel comfortable with my decision?

You may have more questions. Have a conversation with a breastfeeding expert or call your local public health unit to speak with a nurse. It is important that any infant feeding information you receive is based on research and given without personal bias. Factual information helps you make an informed decision. Avoid basing your decision on information provided in marketing campaigns, especially materials provided by makers and distributors of the product.

Learn about safe formula preparation, feeding and storage. If you use some formula and plan to continue breastfeeding, it is important to have a plan to maintain your milk supply. Many mothers who give formula as a supplement for a short while are able to fully breastfeed. Work with a knowledgeable health care provider to achieve your breastfeeding goals.

> ***"Get educated about breastfeeding before your baby arrives. Make your decision and plans to breastfeed and be knowledgeable on how to maintain your milk supply. Share your decision with those who love and support you. Finally, find out the supports in your community to help you reach your goals."***

Risks of Not Breastfeeding

Babies and young children who are not breastfed are more at risk for:

- Infections such as ear and chest infections.
- Upsets of the stomach and gut, causing diarrhea.
- Sudden Infant Death Syndrome (SIDS).
- Some childhood cancers.
- Obesity or being overweight which are risk factors for chronic diseases later in life.

For mothers, NOT breastfeeding increases their risk of:

- Postpartum bleeding.
- Type 2 diabetes.
- Breast and ovarian cancer.

Family Support

All mothers benefit from the support of their partner, family, breastfeeding mothers and community. They can help you give your baby the best start in life. Breastfeeding is natural and babies are born to breastfeed.

During the early days after birth, some babies and mothers need time to learn and get it right. What other people say or believe may affect your breastfeeding experience. Talk with your partner and family. Tell them that you plan to breastfeed. Encourage them to become familiar with this booklet and other reliable breastfeeding information so they know how to support you. Accept their help and support so you can take care of yourself and your baby.

"I think it is important for families to understand the importance of breastfeeding. New mothers require a lot of support from not only their partners, but the entire family. Patience and persistence is required but it is a wonderful bonding experience, one that I will cherish forever!"

Family and friends can help make breastfeeding a success in the following ways:

1. **Become informed.** Get information about breastfeeding before the baby is born. Talk to friends, relatives, other breastfeeding families and health professionals to learn what makes the breastfeeding experience successful. Consider attending a prenatal breastfeeding course. Read this booklet.
2. **Know where support is available.** Become familiar with the resources in your community. Help the mother to access those supports. Both professional supports and mother-to-mother support groups can be helpful. Remember to check out breastfeeding support groups on social media.
3. **Offer encouragement.** A mother may have concerns about herself and/or her baby. Breastfeeding may seem challenging as she and baby learn the art of breastfeeding. Encourage the mother to share her concerns with someone knowledgeable about breastfeeding. Tell her that you believe in her. Tell her that you are there to help.
4. **Do not disturb.** Limit visitors, calls and other interruptions during the early weeks. This way the mother and baby can get to know one another and learn how to breastfeed.
5. **Encourage rest.** A mother needs lots of energy to focus on the baby. Help with everyday needs such as meal preparation, dishes, laundry, keeping the home tidy and caring for other children.
6. **Help the mother care for the baby.** Babies cry for many reasons – not just for hunger. Learn the baby's cues, different ways of comforting the baby such as holding skin-to-skin, walking, singing or dancing. Help with the bathing, changing and burping. Helping the mother gives her more time to breastfeed and take care of herself.
7. **Have realistic expectations.** A baby changes life forever. It is normal to have mixed feelings about these changes. Giving up breastfeeding will not end these feelings. Breastfeeding will help both the mother and baby.
8. **Get help.** If the mother feels that things are not going well with breastfeeding, encourage her to ask for help and to find the support she needs.
9. **Remember that each mother is different.** Ask her what she feels would help her.

Mother-to-Mother Support

Mothers also benefit from the support of other mothers who are breastfeeding. You may have friends or relatives who are breastfeeding their babies or who have recently breastfed. You can also meet other pregnant or breastfeeding mothers through:

- Prenatal classes.
- Parenting groups.
- Breastfeeding support networks.
- La Leche League Canada groups.
- Social media including local Facebook groups

For more information about breastfeeding support, go to page 40 of this booklet.

> *"I found my support from mothers who are breastfeeding, my local public health nurses, my mother, some close friends, and my husband. But my greatest support was knowing that I was giving my little baby everything he needed to grow healthy and strong, and to have a protected immune system. I'd do it all over again in a heartbeat!"*

SECTION 2

Helping Your Baby Get a Good Start

You can help your baby learn to breastfeed by:

- Holding your baby skin-to-skin.
- Practicing baby-led latching.
- Following your baby's cues.
- Learning how to hand express colostrum and breast milk.

Skin-to-Skin

Skin-to-skin is a way of holding your baby that both babies and parents enjoy. The baby wears only a diaper and is held so that she is in an upright position. Baby's chest is on the skin of mom's chest. Make sure baby's nose and mouth are visible and that baby is free to lift her head. As much of baby's skin as possible should be against the mother's skin. See the picture below. Baby's arms and hands are not tucked under baby but against mother's skin.

A light blanket can be put across the baby's back. When babies are held skin-to-skin, they can hear their mother's heartbeat and breathing, and smell and feel her skin. This is familiar and comforting, and helps them to use their natural instincts.

The importance of skin-to-skin

- Helps your baby feel safe and secure.
- Stabilizes your baby's heart rate, breathing and blood sugar.
- Keeps your baby warm through your body heat.
- Promotes bonding and getting to know your baby.
- Helps your baby to be calm and cry less.
- Helps you to be more confident and relaxed.
- Helps your milk flow and may improve your milk supply.
- Promotes a good latch. This means that you are less likely to develop sore nipples and your baby will get more milk.

Hold your baby skin-to-skin as soon as possible after giving birth. This special time will help both of you recover from the birth. Hold him without any interruptions, for an hour or more, or as long as you wish. Weighing your baby and routine baby medications can be carried out later. For more information about the importance of skin-to-skin in the first hour, view this infographic at: www.healthunit.org/children/resources/skin-to-skin_infographic.pdf

As your baby grows, continue holding your baby skin-to-skin. Holding your baby skin-to-skin can help reduce discomfort during painful procedures such as the drawing of a blood sample or immunization. Being skin-to-skin also helps your baby relax and feel a special bond with you. To learn more, view the video Enhancing Baby's Relationship: A Parents' Guide for Skin-to-Skin Contact with their Infants: http://library.stfx.ca/abigelow/skin_to_skin/skin_to_skin.parents.mp4 Premature babies benefit from this, too. You may hear it called *Kangaroo Mother Care*.

Your partner, or another person you are close to, can provide skin-to-skin care to comfort and nurture your baby.

Baby-Led Latching (also called *Laid-Back Breastfeeding or Biological Nurturing*)

Baby-led latching is a natural and simple way for your baby to find your breast right after birth or any time you are breastfeeding. It is especially helpful when your baby is learning to breastfeed, if your baby is not breastfeeding well, or when your nipples are sore.

- Sit comfortably leaning back with support.
- Hold your baby skin-to-skin so that her tummy rests on you with her head near your breast.
- Your baby was born with a reflex that helps her find your nipple. It is called the "rooting" reflex. You will notice her turning her head or moving it up and down looking for your breast. This may look like bobbing or pecking.
- Support your baby's back and bottom with your arm and hand while she moves towards your breast. When her shoulders and hips are supported, she can tilt her head back a little. This will help her latch.
- Your baby will find your nipple. She may touch it with her hands first.
- After a few tries your baby will push her chin into your breast, reach up with an open mouth, and latch to your breast.
- Once your baby is latched, you can adjust your position and your baby's position to make sure you are both comfortable.

Hand Expressing Colostrum or Breast Milk

Hand expression is using your hands to get milk out of your breasts. Colostrum, a rich, yellowish fluid, is the first milk. It is important for your baby to get your colostrum, because it helps your baby's immune system and is very rich in nutrients. In the first 2 – 3 days after birth, you will get a small amount of colostrum.

Hand expression is an important skill for mothers. Hand expressing colostrum or breast milk is important because it helps you to:

- Express a few drops of milk to get baby interested in latching.
- Prevent soreness by gently rubbing a few drops of milk onto your nipples.
- Soften your breasts near your nipples before latching your baby, if they are very full.
- Make your breasts comfortable if they are full and your baby is not feeding.
- Express milk for your baby if you are going to be away from her or need to feed her other than directly at your breast.
- Increase your milk supply.

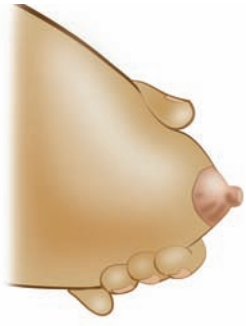
You can practice expressing breast milk as soon as your baby is born or even a week or two before your baby is born.

To express colostrum or breast milk for your baby:

- Wash your hands well.
- Find a place where you are comfortable and relaxed.
- Gently massage your breasts moving from the chest wall toward the nipple. Massage can help milk to flow. It may also help to gently handle your nipples with your fingers.
- Try a warm towel on your breast for a few minutes.
- Hold your breast with one hand, not too close to the nipple. The thumb and fingers of your hand should be opposite each other and about 2 ½ – 4 cm (1 to 1½ inches) back from your nipple.

press (back towards your chest)

compress



relax

- Gently **press** your breast inwards toward your chest.
- Lightly **compress** your thumb and fingers together towards each other, without rubbing the skin.
- **Relax** your fingers up to a couple of seconds then repeat the same motion. Do not squeeze the base of your nipple, as this will stop the flow of milk and it could make you sore.
- Move your fingers around your breast so you can express from your whole breast. Continue for about a minute or until milk stops flowing. You may want to switch hands and switch from one breast to the other. Try to express any milk lumps that may be in your breast. If you need more information see the fact sheet *Blocked Ducts* that complements this resource at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months
- Collect the milk on a teaspoon or a container with a wide mouth. You can then feed your baby the colostrum or breast milk using a small cup or spoon. Ask your health care provider, hospital or public health nurse to show you how to do this.

Sometimes a mother may not be able to breastfeed right away. Or a mother and baby may need to be separated for medical reasons. In both cases, it is important to establish and maintain your milk supply. If your baby is not taking milk directly from your breast, you can establish your milk supply by hand expressing, pumping, or a combination of both. It is important that you remove milk as many times as a baby would feed, at least 8 times in 24 hours. You can even start in the first hour after birth, after your baby has been to your breast. If you need more information see the fact sheet *Expressing and Storing Breast Milk* that complements this resource at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months

Cue-Based Feeding

Breastfeed your baby often. Babies need to feed **at least** 8 times in 24 hours. Watch for your baby's cues and respond to them. Your baby will tell you when she is ready to feed, if she needs a brief break during the feeding, and when she is finished feeding.

Your baby will show that she is ready and eager to feed. She will show some signs called *feeding cues*.

Early Feeding Cues: Mouth opening, yawning, lip smacking.

Moderate Feeding Cues: Restlessness, sighing sounds getting louder.

Late Feeding Cues: Fussing, crying, agitated.

Early cues: "**I'm hungry.**"

- Stirring, moving arms.
- Mouth opening, yawning or licking.
- Hand to mouth movements.
- Turning head from side to side.
- Rooting, seeking to reach things with her mouth.

Mid cues: "**I'm really hungry.**"

- Stretching.
- Moving more and more.
- Hand to mouth movements.
- Sucking, cooing or sighing sounds.

Late cues: "**Calm me, then feed me.**"

- Crying.
- Agitated body movements.
- Colour turning red.

If your baby shows late feeding cues, it is time to calm your baby before feeding her. You can do this by:

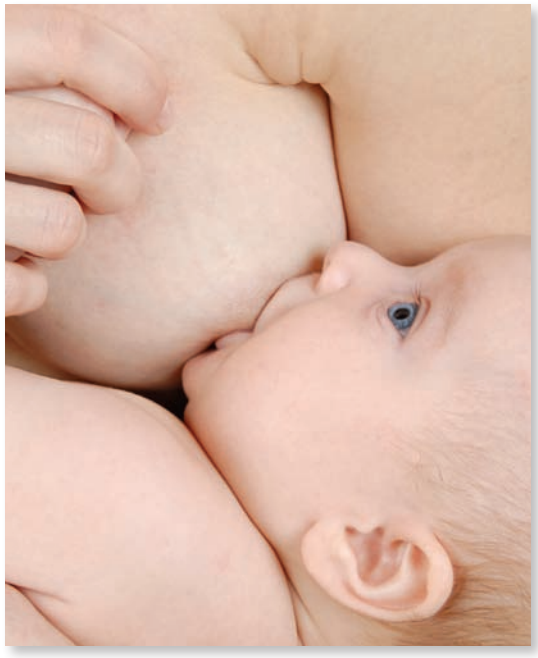
- Cuddling.
- Holding skin-to-skin.
- Talking or singing.
- Stroking or rocking.

You know that your baby is getting enough milk when:

- Your baby is feeding at least eight times in 24 hours. It is okay if your baby breastfeeds more often.
- Your baby changes from fast sucks at the beginning of the feeding to slow sucks. You may be able to hear or see your baby swallowing. He may change to fast sucks again later in the feeding. You will notice a pause during the suck when your baby's mouth opens the widest.
- After he is four days old, your baby has at least three or four poopy diapers every 24 hours. The poop is yellow in colour and like thick soup. After six or eight weeks, he may not poop as often. That is normal.
- Your breasts may feel softer after your baby feeds.

To calm your baby down for feeding try these tips:

- Try to respond to your baby quickly if he starts to cry. It is harder to calm a baby if he has been crying for a long time.
- Undress him and put him against your bare skin.
- Try feeding him again even if he only fed a short time ago.
- Hold your baby against your chest or your shoulder and walk around with him, or rock in a rocking chair.
- Try burping him.
- Talk to him, sing to him, or say "shhhh."
- Change his diapers if they are wet or poopy.
- Use a baby carrier or wrap while you go for a walk.



SECTION 3

Learning to Breastfeed

Breastfeeding Positions

When you are about to feed your baby make sure you and your baby are in a position that makes it easy to breastfeed. Mothers and babies can breastfeed in many different positions. At first, you may find you are more comfortable in a certain position like sitting back in a favourite chair or lying in your bed. As you and your baby become breastfeeding experts, you will be able to feed your baby anywhere, while walking, carrying him in a carrier, or sitting at the table.

Whichever position you like to use (laid back breastfeeding, sitting up or lying down), your baby should be in a position that allows for a deep latch and easy swallowing. Here are a few points to keep in mind:

- Have your back well supported.
- Make sure you are in a position that does not cause you pain (from an episiotomy or caesarean-section).
- Your baby's ear, shoulder and hip should be in a straight line.
- Your baby's head should be slightly tilted back. This allows him to latch deeply and swallow easily.
- Have a drink for yourself within easy reach before you start.

Helping Your Baby to Latch

When your baby is ready to feed, bring him to your breasts. There are many positions and many ways to latch. Here are some tips that may help.

Tummy to Mommy – Position your baby's tummy against your tummy. Hold your baby's shoulder and body as babies do better when they can freely lift and move their heads.

Positions – In a sitting position, have your fingers on both sides of his head below the ears or supporting his neck. In a laid-back or in a side-lying position your baby is already free to move his head.

Lying down

When you are tired (and all new mothers are tired!) it helps to be able to breastfeed lying down.

- Lie on your side, with a pillow under your head. Some mothers like a pillow behind their backs or one between their knees, too.
- Let the pillow support the weight of your head.
- Have your baby on her side and facing you.
- Pull her in close so that her nose is level with your nipple and her chin presses agxainst your breast. When she tips her head back and opens her mouth wide, bring her in closer to help her latch on.

The football hold

(when breastfeeding from the left breast)

- Put a pillow behind your back and beside you to support your arm and the baby.
- Hold your baby beside you with her body between your left elbow and your side, so that her legs and feet are towards your back.
- Your left hand will be behind her shoulders and neck.
- You can support your breast with your right hand.

Laid-back breastfeeding (Biological nurturing)

- Lie on your back with pillows to raise your head and shoulders and get comfortable.
- While skin-to-skin, put your baby tummy down on your chest.
- Support her bottom and shoulders with your hands.
- When ready, your baby will start looking for your breast. Your baby will lift up her head, push with her legs and use her hands to help her find the nipple. At first, she might just lick the nipple or might bob her head up and down over the breast. After a while she will find the nipple and latch on.
- If your nipple feels sore as your baby sucks or you are not comfortable, you can move your baby a little until it feels better. You want him to have as much of the breast as possible in her mouth.

The cross-cradle position

(when breastfeeding from the left breast)

- Hold your baby with your right arm.
- Put your right hand behind her shoulders and neck.
- You can support your breast with your left hand.

The cradle position

(when breastfeeding from the left breast)

- Hold your baby in your left arm, with her head near your elbow. Your hand holds her bottom.
- You can support your breast with your right hand if you need to, or use your right hand to help support your baby's weight.

Any position that is comfortable for you and your baby is an acceptable position. A good position allows a good latch.

Guiding hand – In a sitting position, you may need to support your breast while latching. When using your fingers to cup your breast, make sure they are well back from the dark or pink area (areola) around your nipple.

Latch – Hold your baby's mouth at the height of your nipple. When he latches well, his chin will be pressed into your breast, his head will be tipped back, and the top of his nose may be touching your breast. You want him to have your nipple and part of your breast in his mouth.

Getting a big mouth on your breast – Your baby's chin will be touching your breast, about an inch from your nipple. Then wait for his mouth to open wide over your nipple. Then, using the thumb of your breast guiding hand, gently push your areola into his mouth. Your nipple will be almost the last part in his mouth. Tuck his shoulders in more. With a deep latch, there will be more areola in his mouth and you will be more comfortable. Your baby can now start to suckle. You don't need to push your baby onto your breast. In fact, babies don't like getting pushed and may push back against your hand. This can make you think your baby does not want to feed. When sitting you may use a foot stool to help stabilize your lap and help the pillow stay in place.

Pillows – Any kind of pillow can support you especially under your wrist and elbow. They can also protect your scar if you had a caesarean section.

Final look – When your baby is feeding you will notice his chin is tucked into your breast, his head is tilted slightly back, and his nose is free.

> *Breastfeeding is a learning process, and it may take longer than you expected. It is the most comforting and emotionally bonding experience you can have with your baby. Even at 6 months, if she gets really upset, holding her skin-to-skin and/or breastfeeding her will always soothe my daughter.*

If your baby fusses and doesn't latch on, try these things:

- Move him back to an upright position between your breasts.
- Stroke and talk to your baby until he calms down.
- Calm yourself. This will calm your baby, too.
- Switch to a different breastfeeding position.
- See if he will latch on by himself in the laid-back position.
- Express some milk on your nipple so your baby will smell and taste it right away.

If you are unable to latch your baby, ask for help. For information on Getting Help, go to page 40 of this booklet.

How to Tell if Your Baby is Latched Well

While your baby is nursing you will know your baby is latched on well if these things are happening:

- Breastfeeding is comfortable for you.
- Your baby has a strong, slow, regular suck.
- You can hear swallowing.
- Your baby's mouth is wide open with flanged lips. If your baby has a deep latch you might not see his lips.
- Your baby's ears or temple are moving while he sucks.

When your baby is finished nursing:

- Your nipples will have a normal, rounded shape and they should not look pinched.
- Your breasts feel softer. This is more noticeable during the first few weeks of breastfeeding.
- Your baby should be relaxed and content. Younger 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.

Signs that Breastfeeding is Going Well

How often should I breastfeed and for how long?

Most newborn babies feed 8 or more times in 24 hours. Breastfeeding provides the food your baby needs to grow and develop. It is also comforting and helps you and your baby develop a close emotional connection. Some babies feed regularly and establish a routine quickly, others like to have short feeds very often especially in the evening or at night. This is called cluster feeding. It is very common in the first few weeks.

Feed your baby whenever he shows feeding cues. Feed him as long as he wants to feed. When he stops feeding on the first breast, burp him and offer the second breast. This will ensure you have a good milk supply as your baby grows. Some babies feed for 20 minutes, others take much longer. Your baby may also feed longer at some feedings and take less time at other feedings. You do not need to time his feeds or worry about him as long as your baby:

- Feeds often, 8 or more times in 24 hours, both during the daytime and during the night. This is normal. If your baby is going long stretches without feedings, seek assessment by a qualified health care provider.
- Feeds with strong sucking and swallowing.
- Has plenty of wet and dirty diapers.
- Gains weight appropriately. It is normal for your baby to lose weight in the first few days after birth (refer to the chart on page 22).

Remember, watch your baby, not the clock.

As babies get older they may change how long or how often they feed. Follow your baby's cues. Your baby knows when he is hungry and when he is full.

Whenever your baby wants to feed, start with the fullest breast. This is usually the breast he finished on his last feed. If he last fed on only one breast, start with the side he did not feed from. Let your baby feed as long as he is interested. Switch to the other breast:

- Once the first breast feels softer.
- Your baby is no longer sucking actively.
- Your baby lets go of your breast or falls asleep.

Make sure your baby feeds from both your breasts regularly. If your baby comes off the second breast and appears to still be hungry, offer the first side again. Your breasts continue making milk while your baby is feeding. Offering the baby each breast more than once during a feed is called "switch" nursing. This can be especially helpful in the early days or weeks.

Some babies release the breast when they are finished, others don't. If your baby has been pausing a lot and is no longer swallowing, you can take him off your breast. Slip a finger between your breast and your baby's gums to break the suction. Some babies always feed from both breasts, others don't. Some babies have a short nap and then want to feed from the other breast.

Change the breast you start on each feeding. Sometimes mothers know which side is fuller. Some women keep track by putting a ribbon on their bra or a bracelet on their arm. Do whatever works for you and your baby.

Breast Compressions

Some newborn babies fall asleep easily while they are feeding. To encourage your baby to keep feeding until he is full, you can use breast compressions. Compress your breast between your ribs and areola to help your milk to flow when:

- Your baby falls asleep after only a few minutes at your breast.
- He is sucking lightly with few swallows.
- The sucking turns to light sucks or nibbling.
- The sucking stops.

Use your whole hand and squeeze gently but firmly. Breast compressions should never hurt or bruise your breast. See if you baby swallows more when you compress your breast between sucks or with a suck. This will help your baby to get more milk. Using breast compressions throughout a feeding can be a problem for some babies since milk flow is too great. Some babies can then reject the breast. Breast compressions should only be used when a heavier milk flow is needed. It is best to watch your baby's sucking pattern.

For more information on doing compressions appropriately view the video at www.youtube.com/watch?v=Oh-nnTps1Ls and visit www.breastfeedinginc.ca/informations/breast-compression

Some babies do well when compressions happen once baby starts suckling like in the video. Other babies do better when compressions happen during sucking pauses. Experiment and see what works best for your baby.

Is my Baby Getting Enough Milk?

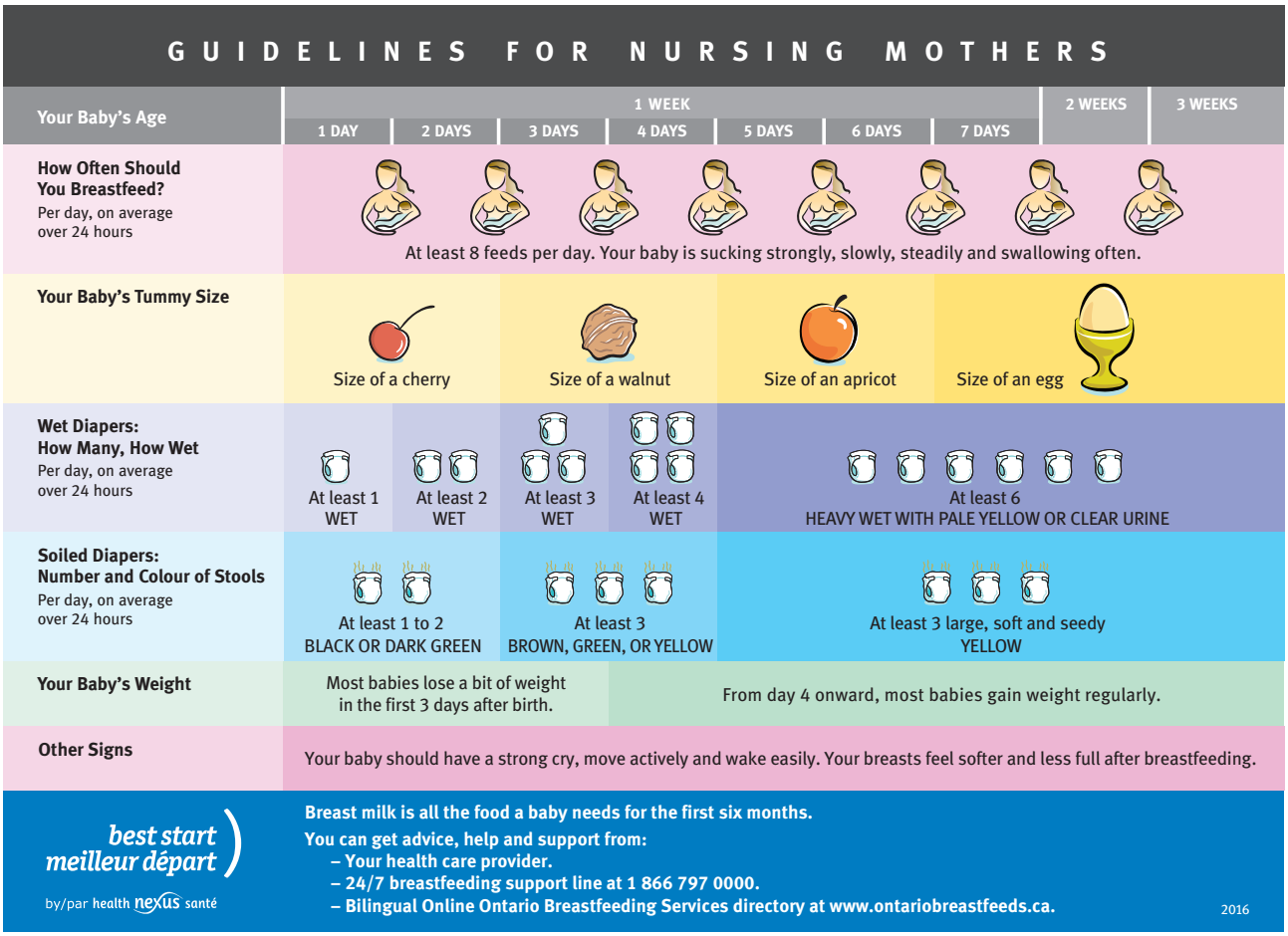
These are signs that your baby is getting enough milk (refer to chart below):

- Your baby feeds at least 8 times every 24 hours.
- Your baby has enough wet and dirty diapers according to his age.
- Your baby is active and has a strong cry.
- Your baby has a wet, pink mouth, and bright eyes.

To make sure your baby is getting enough milk during the first week, keep track of the number of wet and dirty diapers in a 24 hour period.

In the beginning it can be hard for new parents to know if their baby has a wet diaper. A very wet diaper is heavier than a dry diaper. If you want to know what a very wet diaper feels like, pour 30 ml (2 tablespoons) of water on a dry diaper. Your baby's urine (pee) should be clear or pale yellow, and it should have no smell. If a dirty diaper is heavy, count it as both a wet diaper and a stool or poopy diaper.

If your baby does not have enough wet and dirty diapers, get help right away!



To download this chart, go to www.beststart.org/resources/breastfeeding/pdf/magneng.pdf

Babies lose an *average* of 7% of their birth weight in the first 3 days after birth. This means normal, healthy babies could lose more weight or less weight than 7%. Weight is just one part of a larger picture of how a baby is doing. During the first 3 – 4 months your baby should continue to gain 20 – 35 g (2/3 – 1 1/3 oz) per day. If your baby is gaining more slowly, wake your baby for more feedings, and get help to make sure your baby is feeding well. You can also use breast compression and feed on both sides more than once. You can also hand express and give any breast milk you get to your baby. Always breastfeed your baby when he seems hungry.

After baby is 2 days old expect your breastfed baby to have 3 or more large, soft, usually seedy stools per day. Go to the section on *Getting Help* on page 40 if your baby does not have 3 or more stools per day under 3 weeks of age.

By three to four weeks, some babies will have only 1 – 2 stools per day. Some have one large stool every few days. This is normal as long as your baby is feeding well, seems content and his stools are soft. If your baby is not feeding well, is more fussy than usual or has not had a stool in more than a week, go to section *Getting Help* on page 40 of this booklet.

> ***"Partners or family members can help in so many ways. Changing baby, burping, rocking or singing can help them get to know the baby and know they are doing their part."***

Your Baby's Stomach Size

Your baby needs to feed often, because his stomach is small. When your baby is born, his stomach is about the size of a cherry. By day 3, your baby's stomach increases to about the size of a walnut. Around 7 days old, your baby's stomach is about the size of an egg. You can see this on the chart on page 22.

SECTION 4

Important Things to Know

Waking a Sleepy Baby

Some newborn babies are sleepy. That means your baby may not wake up on her own to feed at least 8 times in 24 hours. Or your baby may latch and may fall asleep shortly after the feeding has started. Until your baby is waking up regularly and gaining weight steadily, you may sometimes have to wake your baby.

Tips to wake and feed a sleepy baby:

- Keep your baby close so you notice when she shows some feeding cues. Babies can feed even when they are not fully awake or drowsy. It is best to feed when they show feeding cues.
- Feed your baby as soon as she shows some feeding cues, or she may go back into a deeper sleep. To learn about feeding cues go to page 14 of this booklet.
- Hold her skin-to-skin. Your baby will breastfeed more often, if she is kept skin-to-skin on your chest while you are awake.
- Unwrap your baby and undress her. Change her diaper if it is wet or dirty.
- Lift her to your shoulder and rub her back. Massage her body.
- Roll her gently from side to side. Talk to her.
- Express a little milk when you bring her to your breast, for extra encouragement to latch.
- Use breast compressions during feeds to encourage a sleepy baby to be more alert. This will increase the amount of milk taken. To learn about breast compressions go to page 21 of this booklet.
- Offer each breast more than once. Switch breasts more often to help wake your baby and encourage active feeding.

Calming a Fussy Baby

Babies cry for many reasons – discomfort, loneliness, hunger, fear, tension, or tiredness. Some babies cry more than others even when they are healthy and well fed. This happens more often in the first three months. It also happens more at night. You cannot spoil your baby by holding and comforting her. In fact, babies develop best when their parents respond quickly to their needs and cues.

When your baby seems to cry for no reason, try these suggestions:

- If you know your baby has been well fed and burped, try holding skin-to-skin, walking, rocking or standing and swaying. Babies become familiar with their mother's heartbeat, voice and movements in the months before birth and are calmed this way. A partner or person who is familiar to the baby can also do these things.
- Change your baby's diaper if it is wet or dirty.
- Adjust your baby's clothes if she seems too warm or too cool.
- Offer your breast again. Use breast compressions and offer the first and second breast again.
- Use calming strategies to calm yourself, such as counting slowly to ten, breathing deeply, or pretending you are blowing bubbles. These strategies will often calm your baby too.
- If you are getting frustrated, ask your partner or someone else to hold your baby while you take a break.

Burping Your Baby

A breastfed baby does not swallow much air. It is still a good idea to try to burp your baby. Some babies fuss if they need to burp. Watch your baby to see how often she needs to be burped.

- Some babies need to be burped during a feeding and again at the end.
- Some babies burp on their own, while feeding or when they are done.
- Some babies may not burp every time.
- Some babies spit up after feedings. As long as your baby appears content and gains weight as the weeks go on, don't worry about spitting up mouthfuls of milk.

To burp, simply support your baby's head and pat her back. A bubble of air can come up more easily if her back is straight. Here are some burping positions.

Hold your baby upright over your shoulder.

Hold your baby in a sitting position on your lap. Your baby will be leaning slightly forward with your hand supporting his jaw.

Place your baby on his stomach across your lap.

Growth Spurts

Babies have some days when they seem hungrier than usual. These times are called growth spurts. When this happens, some mothers worry that they do not have enough milk. There is no need to worry. The more you feed your baby, the more milk you will produce.

Sore Nipples

At first, most mothers feel a tug when their baby sucks. This can be a little uncomfortable. You should not experience any nipple pain. The most common cause of sore nipples is a poor latch. If your nipples are sore from a poor latch, you may find:

- The pain started 1 – 4 days after birth.
- The pain may be worse at the start of feedings, and then improves.
- Your nipples may appear pinched or misshaped after feedings.
- Your nipples may be damaged or bleeding. (Swallowing blood from your nipples will not harm your baby.)

To prevent and improve sore nipples make sure:

- Your baby has a wide open mouth and is latched on to the areola.
- Your baby's tongue is under the nipple and her lips are flared out.
- Your baby's head is tilted back a little so she can open her mouth wide.
- Your hand is positioned back from the nipple area and your fingers are not touching your baby's cheeks, chin or lower lip.

Check the information on how to tell if your baby is latched well on page 19.

If you have sore nipples:

- Gently rub expressed breast milk on your nipples after feeding.
- Air-dry your nipples following feedings. You may find it more comfortable to leave your bra flaps down as much as possible between feeds and wear a loose cotton T-shirt. You can also expose your nipples to air while you are sleeping.
- Keep your nipples dry and change nursing pads whenever they become damp.
- Breastfeed on the least sore side first until your nipple feels better.
- Try laid-back breastfeeding or try a different position. Refer to pages 12 and 16 for more information on breastfeeding positions.
- If you are sitting up, support your breast during the feeding.
- Get help to make sure your baby has a deep latch or to check what is causing your nipples to be sore.

If you do not feel some improvement within 24 hours or you notice redness, bruises or cracks call your health care provider for help. Check the *Getting Help* section on page 40 of this booklet.

Using a Pacifier (Soother)

Many breastfed babies never use a pacifier. Pacifiers can be a problem because:

- A baby who is still learning to breastfeed, and even a baby who has learned to breastfeed, can find it hard to go from a pacifier to breastfeeding.
- A baby may prefer the pacifier and begin to refuse the breast.
- Your baby might not get enough to eat and, may then not gain weight as well, especially if the pacifier is used to make him go longer between feeds.
- Mothers may produce less milk if feeding times are stretched.
- Pacifiers increase the risk of your baby getting ear infections and later having dental problems.

If you decide to use a pacifier, try to only give it to your baby for a short time after your baby has fed. You can also let your baby suck on your clean finger. If a short time of sucking does not settle your baby, offer her your breast again.

If you are thinking about offering a pacifer to help settle your upset baby, refer to page 26 *Calming a Fussy Baby*. Talk to your health care provider if you are thinking of using a pacifier with your baby.

Engorgement

Most women find their breasts feel larger and heavier on day 3 or 4 after a baby is born. This may last for a few days. If your breasts feel swollen and sore, it is called engorgement. If your breasts become engorged, it may be more difficult for your baby to latch.

If engorgement happens it is usually during the first week of breastfeeding, when your milk production starts to change from colostrum to milk. It can be due to:

- Increased blood flow to your breasts.
- Swelling in your breasts.
- More milk in your breasts than your baby is removing.

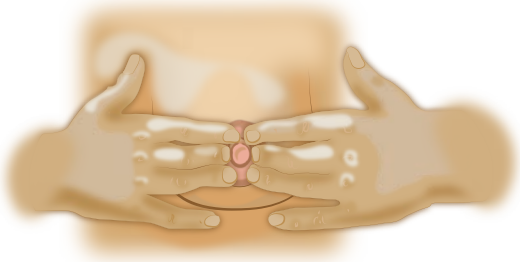
You can often prevent engorgement if you:

- Breastfeed whenever your baby wants to, 8 or more times in 24 hours.
- Make sure your baby is latched well and feeding efficiently. You should hear your baby swallowing often.
- Use both breasts at each feeding. If your baby will not take the second breast, and it feels very full, hand express enough milk from that side to make you feel comfortable. After a few days your breasts will feel more comfortable.
- Avoid using a pacifier.

If your breasts are engorged:

- Breastfeed your baby more often.
- If your baby will not latch, express breast milk to soften the areola then try again.
- Some mothers find it more comfortable to wear a bra. Other mothers prefer to go without. If you wear a bra, make sure it is not too tight.
- Use reverse pressure softening.
- Apply a wrapped ice pack or cold compress to your breasts between feedings.

Reverse Pressure Softening



1. Place your fingers on each side of your nipple.
2. Push towards your ribs. Hold for about a minute.
3. Rotate your fingers around the nipple and repeat.
4. If part of your areola is still firm, repeat.
5. Reverse pressure softening may be a bit uncomfortable but should not hurt.
6. Remember that you are pushing fluid away from the areola. Your baby will be able to latch better on this softened areola.

If the engorgement does not improve and your baby does not seem to be feeding well, it is important to get help. Express milk from your breasts and feed it to the baby until you are able to get help. Use reverse pressure softening before putting your baby on your breast.

Breast fullness is common and may last a few days to two weeks. After this stage passes, your breasts will feel softer and less full. This is because the swelling has gone away. It does not mean you are losing your milk supply.

Storing Your Breast Milk

If you have expressed some breast milk and want to keep it for your baby, use the guidelines from the Academy of Breastfeeding Medicine.

Breast milk storage guidelines for healthy babies who are at home (Academy of Breastfeeding Medicine, 2010)	
Chilled breast milk brought to room temperature	• 1-2 hour
Freshly expressed breast milk at room temperature (16-29°C)	• 3-4 hours
Fresh milk in refrigerator (≤4°C)	• 72 hours
Thawed milk in refrigerator	• 24 hours from when it started to thaw
Cooler with a freezer pack	• 24 hours
Refrigerator freezer (separate door)	• 3-6 months
Deep freezer (≤-17°C)	• 6-12 months
Throw out all milk that is older than the above storage times!	

Use clean glass or hard plastic containers that are BPA free, or bags made for freezing milk. Bottle liners can break easily, but may be used if they are stored in another container in your freezer. Mark the date you expressed the milk on the bags or bottles. Use the older milk first. Throw out any milk that is older than the storage times given.

You can cup or spoon feed your baby expressed breast milk. If you would like more information or help, contact your local public health unit or go to the *Getting Help* section on page 40 of this booklet. For more information see the fact sheet *Expressing and Storing Breast Milk* that complements this resource at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months

SECTION 5

Frequently Asked Questions

If I have small breasts, will I be able to make enough milk?

Small and large breasts can make the same amount of milk. The amount of milk you make is directly related to the amount of milk that is removed from your breasts when your baby breastfeeds, or when you express breast milk.

I've had breast surgery. Can I breastfeed?

Being able to produce enough milk following breast surgery depends on several factors:

- The kind of surgery you had.
- The way the surgery was done.
- Whether there was damage to nerves and ducts.
- The length of time since the surgery was done.

It is impossible to predict what success a woman will have with breastfeeding after breast surgery. The only way to know for sure is to try. It may take longer than usual to build your milk supply. Your baby should be seen by a health care provider regularly in the first few weeks. If possible work with a lactation consultant. It's best to start working with a lactation consultant before your baby is born. This will help you make a breastfeeding plan including when to follow up with the lactation consultant and other health care providers.

My nipples are flat or inverted. Can I breastfeed?

Most babies will learn to latch regardless what size or shape your nipples are, even if they are flat or inverted. It may take some time for you and your baby to learn what works for you. If you and your baby are having problems, get help right away. Go to section *Getting Help* on page 40 in this booklet.

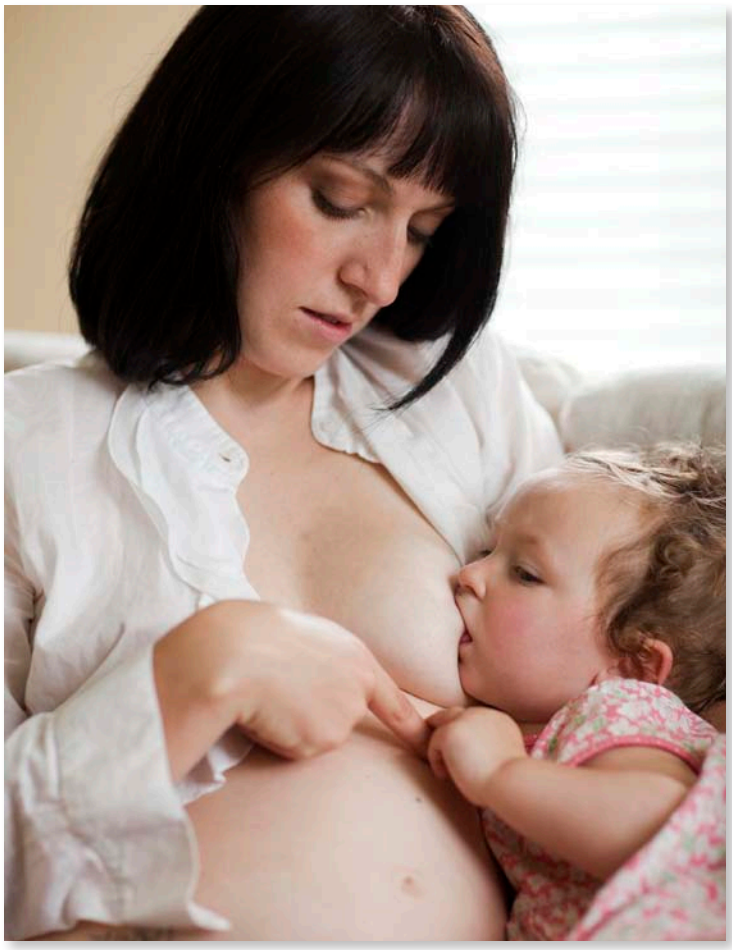
What if I don't have enough breast milk?

Most women have more than enough milk for their babies. Here are some things you can do to make sure you have plenty of milk for your baby.

- Start breastfeeding as soon as possible after your baby is born.
- Breastfeed your baby often, 8 or more times in 24 hours.
- Hold your baby skin-to-skin as much as possible.
- Offer your breast whenever your baby is fussy or shows feeding cues.
- If you have any concerns, hand express after each feeding and offer your milk to your baby. Give this milk with a small cup or spoon.

If you are concerned, get help. Go to the section called *Getting Help* on page 40 of this booklet.

Why does my baby gulp, choke and fuss or come off my breast right after I start nursing her?



Sometimes the milk comes a little too fast for a baby. This is called over-active milk ejection reflex (let-down). It may cause your baby to be gassy, spit up or have watery stools. It is most common in the first 6 weeks of breastfeeding. Here are some things you can do:

- Breastfeed immediately when your baby wakes up, before he gets too hungry. Your baby will suckle more gently.
- Lie down or lean back while feeding so your milk will be flowing up to the baby.
- Stop and burp your baby whenever your baby gulps, coughs, or chokes.
- Some mothers find it helpful to let their baby breastfeed for a longer time on the first breast before switching to the other side. In some cases it is helpful to feed on one breast per feeding. Switch to the other breast at the next feeding.
- Some mothers find it helpful to hand express some breast milk before they begin breastfeeding. This means your baby starts feeding when the fastest flow of milk is over. It is best not to do this regularly, because it encourages your breasts to produce more milk than needed.

Can I breastfeed more than one child at a time?

Yes you can breastfeed twins and other multiples. Also, you can breastfeed while pregnant, and you can breastfeed an older and younger child. The milk will be designed for the younger child and will be healthy for the older child. The younger child needs priority for the milk, and will almost always feed more often. A mother's breasts usually adapt to produce all the milk needed.

> ***"It took me 6 weeks to get my baby boy to breastfeed. I had to pump and feed him breast milk while we both learned to breastfeed. It was nice to have the support. Something so natural, it's not always easy, but you can learn, if you have the right resources, support and lots of patience."***

> *Just listen to your baby! They know when they are hungry and when they need to be comforted. Persevere because it does get easier… give it a couple of months at least to get to know each other. It is such a short amount of time in the grand scheme of things.*

I have a fever and one of my breasts hurts. Can I still breastfeed?

If you have pain, swelling or redness in your breast and have a fever, you may have a breast infection, also called mastitis. It is okay to continue breastfeeding. In fact, it is very important to empty the breast with the infection every 2-3 hours, or the infection may get worse. Contact your health care provider to get treatment. For more information see the fact sheet *Breast Infection (Mastitis)* that complements this resource at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months

I noticed a lump in my breast. What is it?

If you notice a lump in your breast that does not go away with breastfeeding, it is most likely a blocked milk duct. Continue to breastfeed your baby. For more information see the fact sheet *Blocked Ducts* that complements this resource at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months Tell your health care provider if you have a lump in your breast that does not go away.

I have more milk than my baby needs. In fact, I have a lot of milk stored in my freezer. What can I do?

It is quite normal for some mothers to have more milk than the baby needs during the first few weeks of breastfeeding, especially if they have a small or premature baby. Milk supply usually settles down in a few weeks.

Some mothers continue to have an over-abundant milk supply. This may be natural for your body or it may be caused by expressing milk regularly as well as feeding your baby. If you are expressing your breast milk, decrease the number of times you are expressing your milk gradually until you are no longer expressing more than your baby needs.

If your milk supply is over-abundant without expressing, try the tips on the top of page 32. Once your baby starts solids, you can use the milk stored in your freezer to mix with the solids.

If you want to provide your milk for sick or premature babies, contact a human milk bank. In Ontario go to www.milkbankontario.ca

How will I know if I have thrush?

Sometimes a mother and/or her baby will develop thrush. Thrush is a fungal infection that can develop on your nipples and also in your baby's mouth. There may be many symptoms. Your nipples may be sore and itchy. Your baby's mouth may have white patches. If you think you and/or your baby may have thrush, contact your health care provider. For more information see the fact sheet *Thrush* that complements this resource at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months

My breasts feel much softer than they did at the beginning. Do I have less milk?

The amount of milk in your breasts in not related to how your breasts feel. Your breasts change over time and adapt to your growing baby. Usually, having an older baby means having softer breasts.

I heard that I should breastfeed while my baby receives his vaccination. Is this true?

Yes, breastfeeding while your baby has his vaccination will help to reduce pain and distress during the injection. Inform your health care provider that you wish your baby to receive his vaccination while you are breastfeeding and when your baby is sucking well. Start first by undressing your baby to free his leg or arm where the needle will be given. Ensure you have a good latch as you start breastfeeding and continue breastfeeding after the injection. The combination of breastfeeding with your touch and gentle words is one of the best ways to reduce pain for your baby.

When will my baby sleep through the night?

Every baby is different and babies need to feed around the clock, especially in the early days. This meets your baby's needs because of his small tummy and helps you by stimulating your breasts frequently. Going long stretches at night without feeding your baby is not helpful in the first few months.

You may notice your baby wakes more frequently at night if:

- Your baby has a growth spurt.
- Your baby is sick.
- Your baby is learning a new skill like rolling over or standing up.
- Your baby needs to feel secure.
- You have gone back to work or school and are away from your baby more often during the day.

As your baby grows he will wake less often. This takes time for most babies. You are not alone... many new mothers look forward to when they will be able to sleep through the night. For now, ask for help and rest when your baby is sleeping whenever possible.

I have been feeling weepy, anxious and irritable. I also feel as if I am not enjoying my baby. Why do I feel like this?

Some mothers feel sad or have no interest in anything, not even their baby. You are not the only mother this happens to. About 1 in 5 mothers will develop a postpartum mood disorder. There is help. Postpartum mood disorders can be treated with medications, counselling and support from other mothers who have gone through a similar experience. Contact your health care provider if you are feeling like this. For more information refer to the section Mental Health at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months

Can I breastfeed when I am sick?

Even when you are sick you can usually still breastfeed your baby. If you have a cold, flu or another type of infection, your body will make antibodies to fight the illness. You will pass these antibodies to your baby through the breast milk. This will give him some protection against your illness.

When you are sick, it is always best to ask your health care provider if there are any precautions you should take.

What should I eat when I am breastfeeding?

Go ahead and eat all of your favourite healthy foods. Even if you do not have a perfect diet, your milk will contain all the nourishment your baby needs. For information about vitamin D supplements for baby, go to page 36. For your own health, follow Canada's Food Guide, drink to satisfy your thirst and get plenty of rest. Call your local public health unit for a copy of *Eating Well with Canada's Food Guide*, or go to the website www.canada.ca/en/health-canada/services/canada-food-guides.html

If you have more questions about your nutrition, contact **Eat Right Ontario** at www.eatrightontario.ca or call 1-877-510-510-2.

Is it safe for me to drink alcohol when breastfeeding?

Alcohol is transferred through breast milk. Alcohol decreases the letdown reflex and this could mean the baby gets less breast milk during feedings. Babies, whose mothers drink heavily while breastfeeding, are at risk for poor weight gain, poor growth, and possible developmental delays. If you choose to have an occasional alcoholic drink while breastfeeding, it is important to plan ahead and drink alcohol after breastfeeding, not before breastfeeding. For more information see *Mixing Alcohol and Breastfeeding* at www.beststart.org/resources/alc_reduction/breastfeed_and_alcohol_bro_A21E.pdf and www.motherisk.org. You can also call Motherisk at 1-877-439-2744.

Is it safe to take medication while I am breastfeeding?

Most medications are safe when you are breastfeeding, but always check with your health care provider, your pharmacist or Motherisk. Speak to your health care provider about breastfeeding if you use street drugs. Street drugs can harm your baby. If you have any questions about medications or other drugs and breastfeeding, visit Motherisk at www.motherisk.org or call 1-877-439-2744.

If I smoke, should I breastfeed?

Even if you smoke, breastfeeding is still the healthiest choice for your baby. If you can, try to cut down on smoking or quit. Smoking can cause your baby to be fussy. Heavy smoking can decrease the amount of milk you make. If you or someone else in your home smokes, decrease your baby's exposure to second hand smoke and third-hand smoke. Since babies and children are especially vulnerable to the effects of smoke, here are a few ideas to consider to reduce the risks:

- Breastfeed before you smoke.
- Smoke outside of your home and car.
- If you have smoked, wash your hands and change your outer clothing before holding your baby.
- Ask people not to smoke around you and your baby.

To help you make your environment smoke free see *Information on Second and Third-Hand Smoke – Handout* at www.beststart.org/resources/tobacco/pdf/tobacco_handout_eng_FINAL.pdf

For more information and support on helping you quit or to cut down visit:

- www.smokershelpline.ca or call the smoker's helpline at 1-877-513-5333
- www.pregnets.org

Should I give my baby any vitamins?

The Public Health Agency of Canada and the Canadian Paediatric Society advise that all breastfed babies be given Vitamin D drops. You can get these at your local pharmacy. Talk to your health care provider about how much to give.

I'm not comfortable breastfeeding in public. What can I do?

You can breastfeed anywhere. You don't have to use a cover-up or a blanket if you don't want to. Nobody should tell you to go to the bathroom or another place to breastfeed.

If you don't feel comfortable breastfeeding in public right away, many malls and public buildings have a clean, private place for breastfeeding mothers. You may find these ideas helpful:

- Place a blanket over part of your baby to help you cover you and your baby.
- Wear a button up shirt and unbutton from the bottom.
- Wear a jacket or sweater over a loose top. You can pull the top up to breastfeed and the jacket will help cover you from the sides.

- Wear a tube top or other clothing layers to cover more of your skin.

You will feel more comfortable breastfeeding in public once you have practiced a few times. Some mothers find it helpful to practice breastfeeding in front of their partner or a close friend or a mirror before breastfeeding in a public place.

When should I feed my baby more than breast milk?

Babies need only breast milk and Vitamin D drops for the first 6 months.

When your baby is showing signs of readiness and no later than just after six months old, you can start your baby on solid foods. Your baby needs the extra iron from foods that are rich in iron.

Talk to your health care provider, a registered dietitian, or a public health nurse, if you need more information about when your baby is ready for solid foods:

- Dietitians of Canada: call toll free 1-877-510-5102 or www.dietitians.ca
- Your local public health department: talk to a registered dietitian or public health nurse 1-800-267-8097 or www.health.gov.on.ca/en/common/system/services/phu/locations.aspx
- EatRight Ontario: talk with a registered dietitian for free 1-877-510-510-2 or www.eatrightontario.ca

Then continue to breastfeed for two years and beyond while introducing your baby to a variety of solid foods and liquids. Breastfeeding provides your baby with important nutrients and immune protection even when solid foods are started. For more information check the booklet *Feeding Your Baby* at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months

> ***"Find other moms in your community. The Early Years Centre I went to was the best thing I ever did. I still go there every week and my daughter is 10.5 months old. We talk, listen, share stories and learn. It is amazing that even though breastfeeding is a natural thing, there is still lots to learn."***

When can I give my baby cow's milk?

You can introduce cow's milk while continuing to breastfeed. Wait until your baby is 9 to 12 months old, before you introduce cow's milk. When you begin to use cow's milk it is important to use pasteurized whole (3.25%) milk. Your baby's brain needs the fat and calories in milk to develop properly. Do not give skim, 1% or 2% milk until your child is at least 2 years of age.

What if I'm going back to school or work?

When you go back to school or work, you can still breastfeed or feed your baby breast milk. Talk to other women who have done this or a lactation consultant or public health nurse. For more information see the fact sheet *Expressing and Storing Breast Milk* that complements this resource at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months. You can also check out the brochure *Returning to Work After Baby* at http://en.beststart.org/for_parents/do-you-have-baby-0-12-months

What kind of birth control can I use?

Breastfeeding and birth control are compatible. Ideally, space pregnancies at least 2 years apart. You and your partner have several reliable birth control options to choose from.

The following choices have no effect on the breastfeeding relationship and can generally be started soon after childbirth or the postpartum check-up.

- Condoms (male and female)
- Intra-Uterine Device (IUD)
- Vasectomy (permanent for male)
- Lactational Amenorrhea Method (explained below)
- Spermicides (foam, gel, vaginal contraceptive film)
- Diaphragm (must be refitted after childbirth)
- Tubal ligation (permanent for female)

Lactational Amenorrhea Method (LAM) is an effective form of birth control, but **only** if you **answer yes to all** of the following statements:

- ❑ My baby is less than 6 months old.
- ❑ My monthly period has not yet returned (this is what "Amenorrhea" means).
- ❑ My baby is fully or nearly fully breastfed, as noted below.
- ❑ My baby breastfeeds at least every four hours during the day and at least every six hours at night.

"Fully breastfed" means that your baby gets all his food from breastfeeding. "Nearly fully breastfed" means that your baby is receiving vitamin D and or one or two mouthfuls 1-2 times per week of any other fluids or solids.

If you are not planning a pregnancy and have answered no to even one of the statements, you will need to use another form of birth control. There are medical conditions where LAM is not advised. Talk with your health care provider.

There are also hormone-based contraceptives. If you decide to use a hormonal birth control, it is recommended that mothers use Progestin-only type birth control which can be started after your baby is 6 weeks old. There have been some reports of low milk supply with some Progestin-only choices so try them and keep this in mind. Hormone-based birth control choices include:

Progestin-only

- Mini Pill
- Depo Provera
- Hormone releasing IUDs

Estrogen and progestin

- Birth Control Pill
- Birth Control Patch
- Vaginal Contraceptive Ring

It is wise to begin with a short acting progestin only contraceptive such as the Mini Pill before beginning a longer acting form such as Depo Provera. That way if you notice a change in your milk supply you can more easily switch to a different contraceptive.

Will I be able to breastfeed when my baby gets teeth?

Yes, as many babies never use their teeth while breastfeeding. Many mothers worry that once their baby has teeth, he will bite or chew on the nipple. If your baby bites, your natural reaction will be to take the baby off your breast. This will often discourage further biting.

SECTION 6

Getting Help

Breastfeeding is natural, but it can take time to learn. There are times when you may need to get help from a professional. If you need help, contact your health care provider, a lactation consultant, or your local public health unit.

Be sure to get help right away if you notice any of these signs:

- Your baby is nursing fewer than 8 times in 24 hours.
- After day 4, your baby has black or dark green stools.
- After day 4, your baby has fewer than 3 stools or fewer than 6 very wet diapers in 24 hours.
- Your baby is unusually sleepy, fussy, or restless.

These are other signs that something is wrong:

- Your nipples hurt.
- Your breasts feel hard and painful.
- You feel like you have the flu.

Where to Get Help?

All new mothers benefit from the support of other breastfeeding mothers or professionals. These supports can help build your confidence with breastfeeding. To search for breastfeeding services including groups, drop-ins, classes or clinics, visit the **Bilingual Online Ontario Breastfeeding Services** directory at www.ontariobreastfeeds.ca

Other resources that offer help and support in person, on the phone or on the internet:

- La Leche League Canada – mother-to-mother breastfeeding support
  www.lllc.ca or call 1-800-665-4324
- Telehealth Ontario – free access to a registered nurse 24 hours, call 1-866-797-0000
  www.health.gov.on.ca/en/public/programs/healthykids/breastfeeding.aspx
- Motherisk – information about drugs and medication
  www.motherisk.org or call 1-877-439-2744
- EatRight Ontario
  www.eatrightontario.ca or call 1-877-510-510-2
- INFACT Canada
  www.infactcanada.ca
- OMama
  www.omama.com/en/postpartum.asp

Best Start Resource Centre resources on breastfeeding:

- My Breastfeeding Guide
  www.beststart.org/resources/breastfeeding/BSRC_My_Breastfeeding_Guide_EN.pdf
- Breastfeeding Your Baby – Magnet (guidelines for nursing mothers)
  www.beststart.org/resources/breastfeeding/pdf/magneng.pdf
- Mixing Alcohol and Breastfeeding
  www.beststart.org/resources/alc_reduction/breastfeed_and_alcohol_bro_A21E.pdf
- Mocktails for Mom
  www.beststart.org/resources/alc_reduction/LCBO_recipe_cards_bro.pdf
- What to Expect in the First Three Months – Information for New Parents
  www.beststart.org/resources/hlthy_chld_dev/K82-E-hospitalhandout.pdf

Local Resources:

- **211 Ontario**
  A helpline to help you find programs and services in your area
  www.211ontario.ca
- **Canadian Association of Family Resource Programs**
  Find a directory of family resource programs across Canada 1-866-637-7226
  www.parentsmatter.ca/index.cfm?fuseaction=Page.viewPage&pageId=602
- **Child and Family Programs**
  Get information about programs and services that are available for young children and their families and talk to early years professionals, as well as other parents and caregivers in the community
  www.edu.gov.on.ca/childcare/FamilyPrograms.html
- **Find health care services in your community**
  www.ontario.ca/locations/health/index.php?lang=en
- **Lactation Consultants**
  To find a lactation consultant in your area, go to www.ilca.org/why-ibclc/falc, and scroll down. There may be a lactation consultant close to where you live.
- **Your local public health unit**
  To help you find the nearest health unit and services offered in your community
  1-800-267-8097
  www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

There are many local resources available including breastfeeding peer support (mother-to-mother) programs. Find out about your local resources and write them down in the space below for quick reference.

> *I am extremely grateful for this booklet and groups that support breastfeeding. When my daughter was first born I was lost and an emotional wreck. I was overwhelmed at all the support my region offered. The other mothers in the support groups were amazing! Telling each of our stories, successes and struggles allowed me to leave there with confidence in my decision to keep breastfeeding. These groups and booklets are really important.*

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