

A MOM'S HELPFUL GUIDE TO BREASTFEEDING



BREASTFEEDING YOUR BABY

An important responsibility of new parents is to see that their baby gets the nourishment to grow and develop properly. With your decision to breastfeed, you've joined mothers who have chosen the preferred method of feeding babies. The first section of this booklet is intended mainly for mothers of full-term babies. But even if your baby is premature or has special medical needs, you can still breastfeed and may find this information helpful.

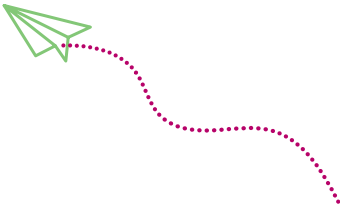
INTRODUCTION

Breastfeeding is one of nature's ideal systems. Just as a mother is capable of nourishing her baby for months in the womb, she is also capable of completely nourishing him* at the breast. Breast milk is the ideal food for your baby, and it is all that he will need to thrive and grow for the first months of his life. If you choose to breastfeed your baby for a short time, remember that even small amounts of your milk for a short time can make a significant contribution to your baby's health.

The benefits of breastfeeding can begin right after your baby's birth. If he is put to your breast immediately after the experience of being born, your baby will be comforted by the warmth and touch of your body. Hearing the familiar beat of your heart and the sound of your voice and finding a place to suck will be calming. It will ease his introduction to the outside world.

In choosing to breastfeed, you will help protect your baby from common early childhood illnesses, such as colds, ear infections, and diarrhea, especially during the early weeks and months of his life. Your breast milk is suited to your baby. It changes from hour to hour and day to day, depending on your baby's needs. It is always available at the right temperature, doesn't need any mixing or equipment, and costs nothing.

Breastfeeding also has advantages for you. Many mothers feel that nothing else creates a closer bond between themselves and their babies. Most babies can be quickly calmed and reassured by being put to their mother's breast. Breastfeeding will also help you get back into shape by speeding the return of your uterus (womb) to its normal size. And studies show that women who breastfeed may be less likely to get breast and cervical cancer.



* This booklet alternates between "he/him/his" and "she/her/hers" when referring to babies.



Breastfeeding is certainly natural, so many mothers are surprised when problems arise and they and their babies don't seem to know what to do automatically. It takes time, patience, and support for both mother and baby to learn how to breastfeed. As a new mother, you want to understand as much as possible before you begin. Some major points discussed in this booklet are:

- *How to get off to a good start*
- *How your milk is made*
- *How to position your baby correctly at the breast*
- *How to tell if your baby is getting enough to eat*
- *Common concerns of breastfeeding mothers*
- *Breastfeeding in special situations*

You should discuss your questions or concerns early with your baby's pediatrician. He or she can refer you to a breastfeeding specialist, who is often an international board-certified lactation consultant (IBCLC), or to the local chapter of La Leche League.

Your milk provides the best nutrition for your baby. Whether you have chosen to provide breast milk for a short time or to breastfeed exclusively for an extended period, you are making an investment of time and commitment that will pay rich rewards for both you and your baby.



Your milk provides the best nutrition for your baby.

BEFORE BREASTFEEDING

Your breasts

Changes. During pregnancy, your breasts increase in size as their milk-producing cells grow and multiply. In fact, many women say that tender breasts were one of the very first signs that they were pregnant. Your body is preparing to make milk for your baby.

As your pregnancy progresses, you may have noticed that the areola (the dark skin around the nipple) is larger and darker (*see Figure 1*). You may also see small bumps on the areola, called Montgomery glands. They produce a substance that softens the skin, that can slow the growth of bacteria, and that is thought to contain a scent that guides the baby to nourishment.

Some women are afraid that if they breastfeed, their breasts will sag. But the number of pregnancies, heredity, and aging are responsible for sagging breasts, not breastfeeding.

Previous breast surgery. If you have had any type of breast surgery, it is important to discuss this with your health care professional or a certified lactation consultant. Some surgeries can interfere with breastfeeding because needed nerves and ducts may have been damaged. In many cases, though, mothers find that they are able to breastfeed successfully.

The only way to know if you can breastfeed is to try. Even if the end result is that you stop breastfeeding or can't fully breastfeed, you should feel very good about your efforts. Any amount of breast milk that your baby receives will be of benefit to her.

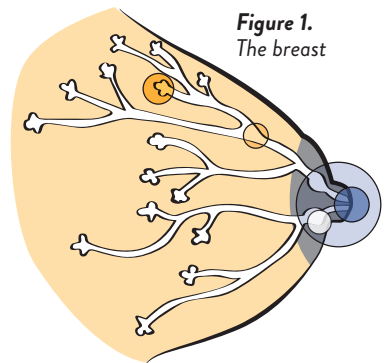







Figure 1.
The breast

-  **Milk cells (alveoli)**
Where milk is produced
-  **Milk ducts**
Tubes through which milk travels
-  **Nipple**
-  **Areola**
The dark area around the nipple
-  **Milk pockets (sinuses)**
Where milk collects

COMMON QUESTIONS ABOUT BREASTFEEDING

Can I breastfeed if my breasts are small?

Yes. The size of your breasts depends largely on how much fatty tissue they contain, not the amount of milk-producing tissue. Most women can make enough milk for their babies regardless of what size their breasts are.

Are there any special foods that I should eat?

What's important is that you eat a healthy, well-balanced diet. Some mothers find that their babies are upset by certain foods, and they need to eliminate only these foods from their diet. But this should be evaluated on an individual basis before you cut any particular food out of your diet.

Can I lose weight while I am breastfeeding?

Breastfeeding often helps mothers get back to their pre-pregnancy weight more quickly than mothers who are not breastfeeding. The hormones involved in breastfeeding cause the uterus to shrink back to the size it was before pregnancy. It's important that the foods you eat are healthy so that you can maintain your energy while breastfeeding. It is you, not your baby, who will suffer if your diet is not a good one. Many mothers find that eating small, frequent, nutritious snacks and meals, and drinking plenty of fluids, will help them lose weight more quickly. Breastfeeding mothers can participate in an exercise program as soon as their health care professional gives the OK.

Do I need to stay at home to breastfeed?

No. Breastfed babies are easy to take along with you. When you have recovered from the



birth of your baby and are ready to go out, all you need is a spare diaper and the baby.

No feeding equipment is necessary. If you need to go out without the baby, you can express your milk and leave it for someone else to feed while you are gone (see “Expressing and storing breast milk”, page 36).

How can I breastfeed in public?

It can be very convenient for you to breastfeed when you are away from home with your baby. The Canadian Charter of Rights and Freedoms protects your right to breastfeed anywhere, anytime. To feel more comfortable in public, you can place a blanket or shawl over your chest and shoulder so that the breast cannot be easily seen. It may be helpful to practice this at home first. Many shopping malls have areas where mothers can breastfeed in private, or you might consider simply finding a quiet area to breastfeed. You may be more at ease trying these things if you breastfeed in front of a mirror at home — and note how little of the breast can actually be seen.

How can the baby's father be involved?

By providing support and encouragement. Studies have shown that with the father's help and support, breastfeeding is more successful and continues longer. He can make sure that you get enough to eat and drink, and he can do many things to help care for the baby so that it is easier for you to breastfeed.

BEGINNING TO BREASTFEED

How breast milk is made

Human milk is made by special cells inside your breasts (see Figure 1). The milk comes from these cells, moves down the milk ducts, and flows through the nipple openings to your baby. For your body to continue to produce milk after your baby is born, two important things must happen. First, stimulation of the nipples will give your body the message, along nerve pathways, to make more milk. The stimulation is provided either by the baby's sucking at the breast in the proper position or by expressing your own milk. The second key to continued milk production is frequent and complete emptying of milk from the breasts. The more milk you remove, the more milk you will make (see “Breastfeeding positions and techniques”, page 12, and “How do you express your milk?”, page 36).

The first milk

Colostrum is the name of the first milk to come from the breasts. The breasts begin to make colostrum — a thick, sticky, yellowish or white substance — in the 16th week of pregnancy. Since the amount of colostrum is small, some first-time mothers think that they “don’t have any milk” for their baby. But a little colostrum goes a long way!

It is the ideal food for your newborn to start on for several reasons. First, it contains a large amount of antibodies, which will help protect your baby from illnesses during the first months of life. Second, it is a very concentrated food source and is high in protein and minerals.

The small amount of colostrum also makes it easier for your newborn baby to practice the breastfeeding skills of sucking, swallowing, and breathing at the same time, in rhythm. By the time your baby masters the rhythm, your milk supply will have increased to match his increasing appetite.

Getting off to a good start

For the first hour or two after she is born, your baby will likely be wide awake and ready for her first breastfeeding. When some babies are put skin-to-skin with their mothers shortly after birth, they will attach (“latch on”) to the breast on their own. Other mothers and babies need a little assistance before this latching can occur.

If the first feeding doesn’t go perfectly, be patient. You are both new at this. Instead, breastfeed as often as possible during your hospital stay. Studies have shown that mothers who stay with their babies after birth have greater success at breastfeeding. By being together, you soon recognize each other’s signals and get off to a great beginning!



Let the hospital staff know that you want your baby to get only breast milk. Ordinarily, no water or formula supplements should be necessary. Besides, sucking on a bottle or pacifier may “confuse” your baby and make it harder for her to breastfeed. If it is medically necessary for your baby to receive a supplemental feeding, your health care professional will discuss the options with you.

It is also important to feed your baby during the night right from the start. Studies have shown that new mothers may not sleep well when their newborn babies are out of their sight and hearing. Furthermore, feeding your baby at night helps prevent your breasts from becoming overly full (*engorged*), helps your milk supply increase sooner, and gives you and your baby the opportunity to feed when assistance is available. Offer your baby the breast frequently, at least 8 times in every 24-hour period. Don’t limit the number of minutes she is allowed to nurse on each side. The time it takes to get as much milk from the breast as is needed varies greatly from baby to baby. If you take your baby away from the breast after a certain number of minutes, she may not have gotten enough breast milk. It is important to allow her to “tell” you when the feeding is over. She will usually do this herself

when she has had enough by coming off the breast.

These important practices will help ensure a great start for breastfeeding.

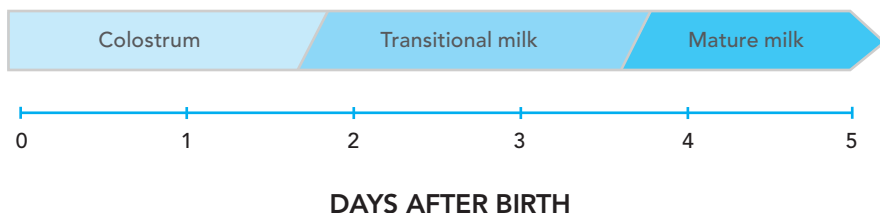
Care of your breasts. A daily shower with warm water is all the cleaning that is necessary for your breasts. Avoid using soap on your breasts as it can dry the skin and wash off the natural softener.

Some health care professionals recommend that women with flat or inverted nipples wear breast shells inside their bras for 30 minutes before feeding. Breast shells are specially designed, hard plastic cups with a hole for the nipple. They provide constant, slight pressure to draw the nipple out so that attaching to the breast will be easier for the baby. A certified lactation consultant or your health care professional can discuss this and other possible remedies to help if latch-on is a problem.

Your changing milk

During the first few weeks, your milk changes in the way it looks, in how much of it there is, and in what it provides your baby (*see Figure 2*). For example, mature milk looks thinner than colostrum but is actually higher in calories.

Figure 2. *Your changing milk*





After the first few days of nursing, your breasts may become engorged (larger, fuller, and slightly tender) due to increased milk production and the increased blood flow to the breasts. This fullness can last several days and may interfere with the baby's attaching to the breasts properly (see "*Engorgement*", page 30).

Many mothers are more comfortable if they wear a well-fitting, supportive bra, but it is not absolutely necessary to do so.

How milk gets to your baby

You will not feel your colostrum or milk being delivered to your baby at first. Some signs that he is getting food from your breasts are that you may feel sleepy or thirsty or have uterine cramps after the baby has been breastfeeding for a few minutes. If the cramping you feel while breastfeeding is uncomfortable, it may be helpful to empty your bladder right before you breastfeed. These after-birth pains help your uterus (womb) shrink back to its former size. They are often gone by the time the baby is about a week old.

As your milk changes, your breastfeeding probably will go something like this: the baby latches on to the breast and sucks for up to a few minutes. Then the milk-making cells in your breast move milk down the ducts to your baby. This is called the *let-down* or *milk-ejection reflex*. If you watch the way your baby sucks, you will see a change from short, choppy sucking to long, pulling sucks. You should also be able to hear him swallowing your milk. Some mothers see milk dripping from the other breast as the baby breastfeeds. This indicates that the milk has let down.

When your baby is about 2 or 3 weeks old, you might realize that your milk is letting down when you feel different sensations in your breasts. However, if you don't feel anything, don't worry. It is perfectly normal not to feel your milk let down at every feeding.

Enough milk for your baby

The #1 concern of new breastfeeding mothers is probably whether their babies are getting enough breast milk. During your hospital stay, you might see from your baby's medical record that she has lost weight. The first weight that newborns lose is extra fluid. You will see your baby's eyes get less puffy each day, and she will be able to look around more easily.

It is normal for newborns to lose up to 7% of their birth weight before beginning to gain. Most babies are at home by the time they begin to gain weight. It is also perfectly normal for your baby not to be back up to her birth weight until she is 2 weeks old.

Once your baby recovers from her birth, during the first few days of life, she may “wake up” and seem to breastfeed infrequently or to be fussy. Many parents think this means that their baby is not getting enough breast milk. That is not the case. This is a normal stage of the breastfeeding cycle, but unfortunately, some new parents don't realize that. It is the most common reason they give for introducing supplemental bottles in the early days.

Sometimes, this fussy period coincides with the normal softening of the mother's breasts after the initial engorgement is gone. Mothers may then question the adequacy of their milk supply. The fussiness is only temporary and does not necessarily mean that you don't have enough milk. Some mothers worry that their milk is too “weak” for their babies. Remember: Your milk is right for your baby! If you let your baby finish the first breast before moving on to the second, you can be sure she will get the especially nutritious high-fat milk at the end of the feeding on the first breast.

It is a good idea to have your baby weighed at the office of her health care professional during the first week. There are some clues to tell you whether she is getting enough. How much a baby takes in affects how much comes out. Keeping track of the number of wet and soiled diapers will help you know whether your baby is getting enough (*see the list of guidelines starting on the next page*).

LITTLE TUMMIES TAKE TIME TO GROW

Your baby's tummy is about the size of a small marble at birth. After 3 days, it's about the size of a ping-pong ball, but it still can't hold much.[†]



Until your baby is about 4 months old, her tummy can only hold small amounts of milk at a time. Too much milk during feedings can lead to things like fussiness, gas, or spit-up.

[†] These models may be useful only as a representation of the average breast milk intake during the early newborn period.¹

Reference: 1. Spangler AK et al. *J Hum Lact* 2008;24(2):199-205.

How much milk you make is determined by how often and how well your baby breastfeeds. In other words, the supply is influenced by your baby's need. It is very important that the baby only be offered the breast for the first 4 weeks of life in order to establish and maintain an adequate milk supply.

A healthy, full-term newborn who is breastfeeding effectively at least 8 times a day should need no nutrition other than the mother's milk. Giving the baby feedings of water or formula can lessen or delay her desire to nurse, which will upset the supply-and-demand system. Babies who receive bottle feedings, especially just as they are learning to breastfeed, may have difficulty going to the breast afterward. Bottle feeding encourages them to use a sucking technique that is different from the one used for breastfeeding. A baby may get used to the bottle and then later refuse the breast.

Even though you cannot see the amount of breast milk that goes into your baby, there are other signs that suggest that she is getting enough to eat. Your baby is more likely getting enough milk if:

- *she is breastfeeding at least 8 times in every 24-hour period;*
- *she usually breastfeeds for 10 minutes or more in a rhythmic suck/pause/suck pattern;*
- *you can hear frequent swallowing after the baby has been at the breast for a few minutes. Once your milk supply has increased or “come in” — by day 3 or 4 — the swallowing is much easier to hear;*
- *after feeding, your baby does not display feeding/hunger cues (for example, trying to put her hands into her mouth, rooting, or sucking on her hands) and seems satisfied for an average of 1 to 3 hours between feedings;*
- *your breasts feel softer after a feeding (once your milk supply has increased);*
- *expect at least 1 wet diaper the first day of life and three on days 2 and 3. Look for more wet diapers on days 4 and 5. Your baby should wet at least 6 diapers every day after about 6 days of life;*
- *your baby is passing yellow, seedy, runny stools, starting on day 3 or 4. If she is not passing any stools or is still passing **meconium** (thick and black or dark green stools), check with her health care professional;*
- *your baby is gaining enough weight, as shown by the scales in the health care office. A baby should stop losing weight by about the fourth or fifth day after birth and should be back to her birth weight by 2 weeks of age. If you have any concerns about your baby getting enough milk, contact her health care professional or a certified lactation consultant. He or she may weigh your baby and make specific suggestions.*



BREASTFEEDING POSITIONS AND TECHNIQUES

Correct latch-on

The way your baby “latches on,” or attaches, to the breast is probably one of the most important things for him and you to learn. For correct latch-on, your baby’s mouth needs to be positioned over the pockets of milk that are located about 2.5 to 4 cm behind the nipple (see Figure 1). There are two important reasons for this. First, he will get the most milk when he is positioned there. Second, you will be less likely to have sore nipples.

The following tips will help you latch your baby on to your breast properly (as shown in Figure 3). If you have any questions about positions and techniques, ask your nurse or a certified lactation consultant.

- Both you and your baby should be in a comfortable position. You should be able to draw a straight line from your baby’s ear to his shoulder to his hip.
- Gently lift and support your breast, with your fingers below and your thumb on top of the breast and well away from the areola (Figure 4). This is sometimes called the C-hold.
- Gently stroke your baby’s bottom lip with your nipple in a downward motion several times. Pause to see if he will open his mouth. Repeat this until the baby opens his mouth very wide (Figure 4).
- Then quickly pull your baby onto your breast so that his nose, cheeks, and chin are all slightly touching the breast (Figure 5).

- Your baby latches on and begins to suck. If his nostrils are blocked while he is nursing, you can pull his bottom upward and closer toward you so that his head will move back slightly, giving him more space to breathe. Or you can lift your breast slightly with the hand that is supporting it. Your baby will pull his head away from the breast if breathing is difficult.

Of course, everyone worries whether she is doing it “right”. Here are some signs that will tell you if your baby is not latched on correctly:

- Your nipples are sore during the whole feeding or become sore as the feeding continues.
- You can hear clicking or smacking noises when your baby sucks.
- Your baby is having trouble latching on and is coming off the breast repeatedly after only a few sucks.
- Your baby falls asleep after very few minutes of nursing.
- Your baby’s cheeks are dimpling in with each suck.
- Your baby has too few wet diapers and stools (see page 11).
- Your baby “acts hungry” all the time by being very fussy.



Figure 3. Proper breastfeeding position



*Figure 4.
The C-hold and baby's mouth wide open*



Figure 5. Baby correctly latched on

BREASTFEEDING POSITIONS

There is no one right breastfeeding position. In fact, there are several positions that can be comfortable for you and your baby. You might want to try several to see which one works best for you or alternate based on where you are or on the time of the day. For example, you might enjoy a cradle hold sitting in a comfortable chair during the day but prefer to nurse lying down at night. Some experts even suggest changing positions to prevent your baby from latching on and applying pressure to the same spot every time.

The cradle hold



Figure 6. The “cradle” hold

Sit in a comfortable chair with support for your arms and back. Try not to hunch your shoulders. Support your breast with your hand in a cupped C-shape. Place your baby across your stomach, tummy to tummy. Your baby's head should be in the bend of your elbow, and her mouth should be directly in front of your nipple. Use a pillow to support your arm. If

correctly positioned, your baby's body should form a straight line from her ear to her shoulder to her hip. Tuck her lower arm around your waist, out of the way.

The football hold

Like a running back cradles a football, you cradle your baby under your arm. This lets you see if he is latching on properly. This position is often preferred by moms who:

- *have large breasts;*
- *are concerned about latch-on;*
- *have a small or premature baby;*
- *are sore from a cesarean birth.*

Place pillows at your side to support your elbow and your baby's bottom. Tuck him into the side of your waist. Place his head in the palm of your hand. Support the base of his head between your thumb and forefinger. If he doesn't seem comfortable, place a soft blanket between your hand and his head as padding.



Figure 7. The “football” or “clutch” hold

Lying down



Figure 8. *Lying down to breastfeed*

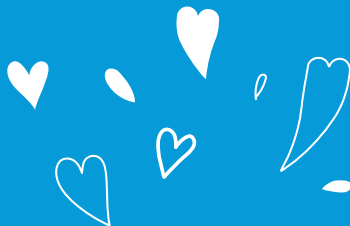
This is a comfortable alternative position, especially at night or when sitting is uncomfortable. Lie on your side, using one pillow to support your head and another along your back. Your head and neck should be comfortably propped up with pillows. Or lie on your side with one arm bent under your head and the other hand supporting your breast. Put a pillow or rolled-up blanket behind your baby's back. Lay your baby next to you on the bed so her mouth is opposite your nipple. When she opens her mouth wide, she is ready to latch on.

The crossover hold



Figure 9. *The “crossover” hold*

This position often is preferred by moms who are having trouble with latch-on and by moms with small or premature babies. It lets you see the latch-on more clearly than the traditional cradle hold. Hold your baby across your body in the arm opposite the breast from which she'll be feeding. Her position will be the same as in the cradle hold, but you'll use your other arm to hold her. Your baby should be level with your breast, with her body turned toward you. (Some mothers find they can tuck the baby's bottom into the crook of their arm.)



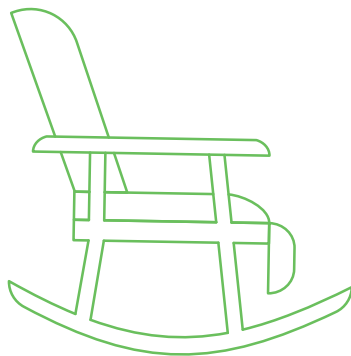
OTHER BREASTFEEDING INFORMATION

Waking your baby to feed

Your baby may spend so much time sleeping during the first 2 or 3 days of his life that you will have to wake him for feedings. The old adage, “Never wake a sleeping baby”, is bad news for a newborn! Another event in the first few days that might make your baby boy temporarily difficult to wake is circumcision. Most babies sleep very deeply for 6 to 12 hours after this procedure.

Newborn babies have varying levels of sleep that range from very deep to very light. During lighter sleep states, you might notice your baby making sucking movements or trying to bring his fingers to his mouth. These are cues that he is ready to feed, and he should need only a little stimulation to do so.

- *Many babies' sleep/awake cycles naturally allow for 8 to 12 feedings a day. During the daytime, if 3 hours have passed since the last feeding, or if your breasts are uncomfortably full, wake your baby to feed.*
- *Talk to, rub, pat, unwrap, or undress your baby to wake him. Change his diaper or wash his face with a warm washcloth. It may take 5 or 10 minutes of this stimulation to wake him.*



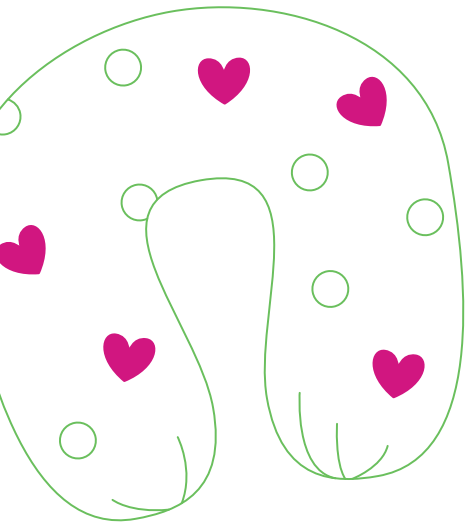
- *Many mothers make the mistake of putting the baby to the breast at the first sign of wakefulness. Then they wonder why the baby goes right back to sleep! You must get your baby really awake so he can participate in the feeding long enough to get an adequate amount of milk.*
- *Try frequent (at least every 2 or 3 hours) daily feedings if your baby's pattern is to sleep longer during the day and to nurse often at night. It may take a while, but this can help him move into a better day/night pattern.*

As he gets a little older, your once-sleepy baby will spend more and more time awake. If it is still necessary to wake your baby to feed, you will be more successful if you wake him from a light sleep. If you can't wake him or he is very sluggish after not eating for 5 or 6 hours, call his health care professional for advice.

Dealing with a fussy baby

If you keep your baby with you as much as possible, you will soon begin to see what calms her. Wrapping her securely in a receiving blanket or holding her upright on your chest with her skin touching yours may soothe her. Once your milk supply has increased and your baby's tummy is getting full, she should settle down. Responding to her cries with love and comfort will give her the message that the world is a safe place.

Being close and warmly snuggled while sucking at the breast is comforting for a newborn as she adjusts to life outside the womb. As an added bonus, your milk supply will increase sooner, and you will be less likely to experience engorgement.



Another normal behaviour of newborn babies, although perhaps less common, is to wake up more often than expected. They may seem to be at the breast constantly. If this describes your baby, rest assured that it won't last forever. And both you and your baby will benefit from these frequent feedings during her first few days of life.

How often to feed your baby

Since your newborn's stomach is very small and breast milk is easily digested, the milk obtained from a feeding will empty from her stomach in about 1 to 2 hours. This means you will need to feed her often. Frequent feedings are also very important to keep up your milk supply and to ensure that your baby gains weight.

- *Let her tell you when the feeding is finished — she will come off the breast by herself.*
- *Feed your baby whenever she shows signs of hunger, even if she just ate an hour ago. It is normal for breastfed babies to “cluster feed” in the beginning. This means that your baby might want to be fed several times in a row before she takes that nap you had anticipated. It does not mean that your milk supply is low. It is normal breastfeeding behaviour.*
- *As your baby grows, so does her stomach. She will feed less frequently, as she is able to hold a larger amount at each feeding.*

How long should a feeding last?

The length of time that a baby will be at the breast for a given feeding varies widely from baby to baby. Extremes of too little or too much time can be worrisome. Generally, most newborns should feed for at least 10 minutes and they should be able to complete a feeding in about 60 minutes or less.

It's important for you and your baby to begin the feeding in a comfortable position so that there is no need to stop too early. In fact, limiting breastfeeding time may lead to complications, such as breast engorgement, decreased milk supply, inadequate infant weight gain, and infant jaundice. Limiting the duration of feeding does not prevent sore nipples.

- *Your baby should breastfeed long enough on each breast to get a good flow of milk and to be satisfied. Allow him to tell you when a feeding is over; don't watch the clock. Each feeding is like a full-course meal. When your baby first breastfeeds, he gets a large amount of watery milk — his “soup” course. As he continues to breastfeed, the fat content of the milk increases (the “main course”) until he is at the rich, high-fat milk called hindmilk. When he has had enough of this “dessert”, he will stop feeding, either going to sleep at the breast or letting go of the nipple and looking very satisfied.*
- *Try for a burp and offer the second breast for as long as he wants.*
- *If your baby doesn't seem interested in taking your second breast, offer it first at the next feeding.*



Frequent feedings are also very important for maintaining your milk supply.

Does your baby need extra fluids?

No. Unless there is a medical reason for your baby to receive a supplement, she should get no other fluids than those she gets while breastfeeding. Otherwise, just when you are trying to get off to a good start, she will not go to the breast often enough because her tummy will be full of extra fluids. During the first 3 or 4 weeks of breastfeeding, do not offer water or infant formula to your baby, unless it is recommended by her health care professional.

Experts recommend that all breastfed infants begin a vitamin D supplement within a few days of birth. Vitamin D is necessary for strong, healthy bones. Check with your doctor for specific guidelines for your infant.

Burping your baby

Try burping your baby when you change breasts and again when the feeding is complete to help remove swallowed air.

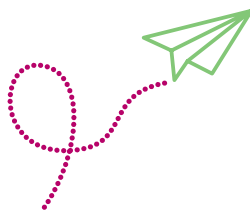
- *Hold your baby upright against your shoulder or lay her across your lap or stomach, face down. Also, you can sit your baby on your lap, leaning her forward against your hand. Support her chin (see Figure 10).*
- *Pat or rub your baby's back gently, but don't insist if she doesn't burp readily.*
- *Your baby might not burp after every feeding. Even though most breastfed babies don't take in much air while they are breastfeeding, it is still a good idea to try burping her after she has finished feeding from the first breast and again after the second. If she doesn't burp after a few minutes, either continue the feeding or put her down to sleep, whichever is appropriate. You will quickly learn your baby's needs and patterns.*
- *Your baby might spit up colostrum or milk. It usually looks like a much larger amount than it actually is, so don't be alarmed. If you are concerned about it, speak to her health care professional.*



Figure 10.
Common burping position



Figure 11. *Breaking the suction*



Changing breasts

- It is ideal to offer both breasts at each feeding. But it is even more important to make sure that your baby has enough time to finish at the first breast before switching sides. This is because the fat content of the milk increases the longer the baby breastfeeds.
- Your baby might be full after he finishes the first breast and refuse the second. If so, begin with that breast at the next feeding. The second breast, from which less (or no) milk was taken at the last feeding, will probably feel fuller when it's time to breastfeed again. If you forgot which side you fed from last time, don't worry. Simply feed from the side that feels fuller.
- Occasionally, you may need to take your baby off the breast before he is ready to come off by himself. Insert a finger into his mouth between the gums, far back to break the suction, and remove your nipple from his mouth (see Figure 11).

If your baby prefers one breast

While a baby is first learning how to breastfeed, it is very common for her to prefer one breast over the other. As most women's nipples are not exactly the same shape on both sides, the baby may find one breast easier to latch on to. Perhaps the nipple on one side fits her mouth better, or maybe the milk flows more freely from one breast than the other. The baby may be more comfortable in a certain position. Whatever the reason, this is a common situation. While she is learning to breastfeed from both breasts, your baby is getting all the nutrition she needs from one side.

The following are suggestions for getting her to breastfeed from the less-preferred side. If these aren't helpful, it would be advisable to work with your health care professional or a lactation consultant.

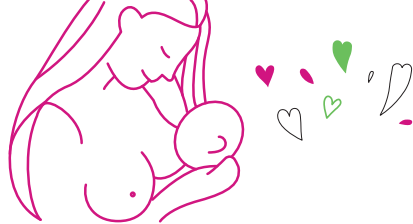
- Try breastfeeding on the preferred side until your milk has let down and is dripping from the other side. Then switch your baby over.

- If your baby fusses when you change her position, start with the football hold on the preferred side. Then, after she has breastfed for a little while, gently slide her over into the cross cradle hold at the other breast.
- If you have a breast pump, it might help to pump for a few minutes on the less-preferred side (see “Expressing and storing breast milk”, page 36). This could help pull the nipple out further and start a flow of milk.
- If your baby skips two or more feedings in a row on the less-preferred breast, you should start expressing your milk regularly (preferably with a hospital-grade electric pump). This will help increase milk production from that breast.
- If necessary, continue expressing milk from the less-preferred breast until your baby begins to accept that breast.
- If your baby refuses to latch on at all to one side, the use of a hospital-grade electric breast pump will ensure that you continue to produce milk in that breast and keep it from becoming engorged. It will also help stretch the nipple and make latch-on more likely.



If necessary, continue expressing milk from the less-preferred breast until your baby begins to accept that breast.

COMMON CONCERNS IN THE FIRST FEW WEEKS



When your baby cries

Newborn babies cry for a variety of reasons. Sometimes, they cry a lot when they are adjusting to a new situation. For many parents, the first night home from the hospital is frustrating because the baby seems to cry a great deal. If your baby does this, try to stay calm and do whatever you can think of to quiet him.

Many new parents are advised that it is best to let the baby “cry it out” or that if they always pick the baby up when he cries, they will “spoil” him. But rest assured that newborn babies are absolutely unspoilable! By responding to your baby’s cries promptly with comfort, you are telling him that his needs will be met and are helping him make a smoother adjustment to his home.

If your baby wants to breastfeed all the time

Breastfeeding is more than just providing food. It also provides the comfort of sucking plus the safety and warmth of your arms. Keep in mind that because your baby still has a very small stomach, she will need to eat 6 or more times a day for at least the first 4 weeks of her life. If she is a “leisurely” breaster — and babies do have different styles of breastfeeding — it may take her as long as an hour to complete a meal.

To get a true picture of how often your baby is breastfeeding, write down the time each

feeding begins. Feedings are timed from the start of one to the start of the next. (Example: You begin to feed your baby at 8:00 a.m. and begin the next feeding at 10:00 a.m. You would say that your baby has fed “every 2 hours.” The length of the feeding is not counted.) You may learn that your baby is actually breastfeeding the expected number of times.

If you are feeding her for more than an hour at a time, if your nipples are sore throughout the feeding, or if she seems hungry between meals, you may have a latching-on problem and need to ask for help. The most common cause of long, too-frequent feedings and sore nipples is incorrect positioning at the breast. The baby’s mouth needs to be over the milk pockets, which are about 2.5 to 4 cm behind your nipple.

When properly positioned, your baby will get more breast milk and your nipple soreness should go away. If this “eating all the time” behaviour is something new, it might be an appetite spurt and only temporary (see “*Growth spurts*”, page 45). Your baby will be able to eat more at each feeding as her stomach grows and will therefore need to feed less often.

As mentioned earlier, breastfed babies sometimes “cluster feed” (want to eat several times in a row during a 2-hour period instead of feeding well only once and then waiting 2 or 3 hours to feed again).

Remember: This is not a sign that the baby is not getting enough to eat. It is a normal breastfeeding behaviour. Let your baby breastfeed as often as she wants. However, if you continue to be concerned, call your health care professional or a lactation consultant.

Jaundice

More than half of all newborn babies get *jaundice*. When a baby is jaundiced, his skin and the whites of his eyes have a yellow tinge. Usually, no treatment is needed and the jaundice will clear up on its own. If your baby gets jaundice, the doctor may test his blood to make sure the level of *bilirubin* in his blood does not go too high.

While you are pregnant, your body (specifically your liver) processes certain substances for your baby. Bilirubin is one of those substances. When your baby is no longer physically connected to your blood supply, his liver has to process bilirubin by itself. It usually takes a few days for a baby's body to be able to do this quickly and efficiently. In the meantime, the bilirubin builds up in his bloodstream, causing the yellow skin and eyes. This most common kind of jaundice is called physiologic jaundice. It is usually noticed about the second or third day of life and is generally gone by the time the baby is a week old.

The main way your baby gets rid of bilirubin is through his stools. The more stools he has (and the quicker he gets rid of those first tarry stools called meconium), the less likely it is that his bilirubin will go high enough to

require treatment. Of course, in order for him to produce stools, he must eat.

Babies who breastfeed frequently and take in more milk are less likely to become jaundiced. If your baby is breastfeeding poorly during his first few days of life, he will have fewer stools and might be more prone to jaundice.

Babies can become jaundiced for other reasons. Sometimes, it happens when the mother's blood type is different from the baby's blood type (as in a condition called ABO incompatibility). In such cases, the bilirubin level usually rises faster and higher than in normal physiologic jaundice. When babies have more difficult vaginal births, perhaps requiring forceps or a vacuum extractor, and bruising occurs, jaundice may be more likely to develop. If your baby is born prematurely or is sick after delivery, he also may be more prone to jaundice.

There is another kind of jaundice, called *breast milk jaundice*. It appears later (at least 5–7 days after birth) and occurs in about 1 in every 250 babies. Although the exact cause is still unknown, it usually resolves on its own without harming the baby while the mother continues to breastfeed.

You should notify your baby's health care professional if you notice that your baby has jaundice, especially if it develops at less than 24 hours of age, if it lasts longer than 7 days, or if it extends to your baby's arms and legs. Be sure to contact the doctor's office if you think that your baby is acting sick or becoming a very sluggish feeder.

Latch-on concerns

Sometimes, bringing baby and breast together can be a challenge. It is important to get help if you are not able to solve a latch-on problem on your own. Good sources of help for breastfeeding difficulties might include health care professionals, certified lactation consultants, other breastfeeding specialists, or members of the La Leche League.

Mother concerns and possible solutions.

If you have difficulty getting your baby to latch onto your breast, some of the following measures might help you:

- *It is ideal to give your baby nothing but breast milk until her breastfeeding is well established. When she is having trouble latching on, an artificial nipple might only make things worse. If your baby needs a supplemental feeding, it might be best to try a method other than a bottle (see “Alternate feeding methods”, page 42).*
- *If you have flat nipples, try gently rolling them between your thumb and index finger to make them more erect. Pulling back slightly on the breast tissue or using the C-hold (see Figure 4) can also help the nipple protrude for easier latch-on.*
- *Using a breast pump just before a feeding will help soften the areola and pull your nipple out for easier latch-on. If your baby is unable to grasp the nipple after several tries and requires supplementation, you should begin to pump your breasts regularly with a hospital-grade electric pump. This will stretch your nipple skin and help increase your milk supply.*
- *Your baby might not be able to latch on because your breasts are overfull. If so, wearing breast shells for 30 minutes before feedings will encourage your milk to leak, softening the areola so that your baby can latch onto your nipple.*
- *Some mothers help get the baby latched on by squeezing a few drops of milk into their nipple so the baby can taste the milk.*



It is important to get help if you are not able to solve a latch-on problem on your own.

- *Sometimes, a baby tries repeatedly to feed, with no success, and starts crying frantically and acts frustrated. If this happens with your baby, take her away from the breast and calm her for several minutes before you begin again.*
- *If you have been trying to latch your baby on in one position and it is not working, change to another position. Even if it is one that didn't work yesterday, just the fact that you have changed positions might enable your baby to latch on.*

- *In some very specific instances, a nipple shield might help your baby get positioned onto the breast. However, nipple shields should be used only if your health care professional or breastfeeding specialist recommends it and closely monitors your breastfeeding progress.*
- *Continue to try to put your baby to the breast for a short time several times a day. Do this when she is calm and not frantically hungry, to maximize your chances of success. You will need lots of support to continue this, so don't hesitate to call for help. And take heart: Everyone has a few challenges that they need to overcome.*

Baby concerns. Sometimes, it is the baby who has a problem that makes it difficult for him to latch on to the breast, even if the mother seems to have “perfect” nipples. One of the most common problems is that newborn babies are very sleepy. They are kept tightly swaddled in blankets, often with pacifiers in their mouths. Yet, we expect them to wake up and eat!

Sleepiness may also be related to your baby's need to recover from labour and birth. Or perhaps you had been given a medication or an anesthetic that might temporarily be making your baby difficult to waken or uninterested in feeding.

Even though your baby needs to recover from his birth, try to wake him to feed at least 8 times in every 24-hour period to ensure he gets enough breast milk. If you keep him with you, perhaps skin-to-skin, and stimulate him every hour or so to wake him, he might be more likely to breastfeed after a few hours. If you are unable to wake him for a feeding after 6 hours, call his health care professional for advice.

If your baby is still having difficulty latching on by the time he is 1 or 2 days old, he might have a problem that can be resolved with the help of a lactation consultant.



“My baby is up all night”

Babies often have their days and nights mixed up at first. When the baby is in the womb and the mother is up and walking about, it is like being in a hammock. In other words, they spend most of this time sleeping. How often does your baby suddenly seem to become active when you lie down to sleep?

Many parents find the first or second night home with their new baby difficult. The same baby who seemed to sleep all the time in the hospital now seems to be awake all night! This is temporary. The only environment your baby knows outside the womb is the hospital, and although your home is probably quieter and calmer, she has to adjust to it. You can't spoil your newborn baby by picking her up when she cries. She will likely make the transition to home more smoothly in the security of a parent's arms.

It may seem that your baby wants to breastfeed every hour during the night. This commonly occurs just as your milk supply is increasing and your baby is making her latest adjustment. With cuddling and frequent breastfeeding, she should settle down fairly quickly.

If she seems to want to feed a great deal, make sure that she is latched onto the breast far enough and that you are not setting time limits on how long she nurses on each side (see “How often to feed your baby”, page 17).



Many experts recommend that you wake your baby every 2–3 hours during the day for feedings and let her wake you on her own schedule at night. This might encourage her to eventually sleep more during the night than during the day.

Another recommendation is to give your baby the message that night is for sleeping. Make night feedings “strictly business”. Keep the lights low and talking and playing to a minimum. Change her diaper, feed her, and put her back to sleep. Remember to always place her on her back, as recommended for all healthy infants.

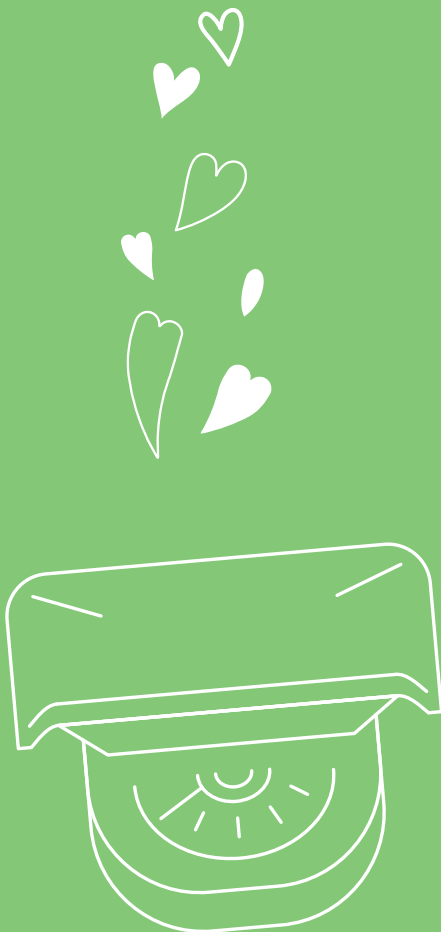


One of the most common problems is that newborn babies are very sleepy.

Weight gain

If your baby has a problem, such as not feeding often enough, sucking incorrectly, or being extremely sleepy or excessively fussy, or if he is sick, he might not be getting enough breast milk. He should be seen by his health care professional for an evaluation and a weight check a couple of days after you return home from the hospital. If you are worried about how much he is eating, take him early and ask for help with a breastfeeding plan.

It is rare that a woman can't produce enough milk for her baby. Usually, it's the simple, correctable details of breastfeeding that lead to a low milk supply or to a baby not taking all the milk that's available.



CARING FOR YOURSELF

Getting enough rest. In the early days after having a baby, it is essential that you try to get enough sleep. Rest is important for staying healthy and feeling good — keys to successful breastfeeding. In addition to the lack of sleep common in late pregnancy and the energy you expended during labour and when giving birth, your nighttime sleep will be interrupted by your baby's need for frequent feedings. Nothing will bolster your ability to cope during this time better than adequate rest!

Try to take a nap every day while your partner or supportive family members screen visitors and phone calls. “Sleep when the baby sleeps” is some of the best advice ever given. Try to keep your life simple and accept all offers of help. If friends or family volunteer to bring you meals, do some household chores, shop for groceries, or care for your other children, say “Yes!”. You will rest more easily knowing that these things are being done.

If, despite your attempts to rest, you feel tired and overwhelmed, reach out to others for help; don't keep it to yourself. Try talking to your partner, a family member, a supportive friend, your childbirth class instructor, your health care professional, or a lactation consultant. Sometimes, a simple phone call can help a lot.

Your activities. During the first few weeks after your baby's birth, you will feel your energy level slowly returning to normal. If you had a surgical delivery (cesarean), it will probably take longer for you to feel like yourself again. No matter how you gave birth, though, spend at least the first 2 weeks at home getting to know your baby and getting breastfeeding off to a good start.


Increase your level of activity gradually, using the amount of vaginal bleeding you are having as an indication of whether you are doing too much. Do not plan any outings more strenuous than a visit to the health care professional's office. Have friends come to you instead of going to see them. Shopping expeditions need to be postponed. Instead, have others bring your groceries, whenever possible.

What to eat. Many new mothers feel discouraged that they are not in the same shape as before their pregnancy. You will lose some weight right after delivery but will probably have a lot left to lose. During the first months of breastfeeding, some of the “fat stores” that appeared during pregnancy will provide energy to support your body as you make milk for your baby. Therefore, breastfeeding can actually help you return to the weight you were before pregnancy, if your food choices are nutritious and the amounts are not excessive.

Breastfeeding requires the same healthy diet that is recommended for pregnancy, and your body will probably tell you to eat and drink often. Many women find that they need snacks between meals because they get very hungry. It's also common for some women to have a poor appetite for a few days or even weeks after their baby is born. Eating small, frequent meals may help you to eat a healthy diet. In either case, meals and snacks should be as nutritious as possible. Try to choose a variety of foods from all the food groups.

If your diet is poor, it is you who will suffer, not your baby. Continue taking prenatal vitamins if they are recommended by your health care professional.

Breastfeeding moms need about 12 cups (3.1 L) of fluids every day. Make a practice of having a glass of water or a nutritious beverage nearby and drinking enough to keep thirst at bay. Never ignore your thirst.

 **Not getting enough liquids will negatively affect your milk supply.**



“Can the food I eat upset my baby?”

The food you eat must first be digested and absorbed by your body before any substances are passed into your milk. This usually takes 2–6 hours. If you eat dinner at 6:00 p.m. and during or not long after her 10:00 p.m. feeding, your baby draws up her knees and screams, think about what you ate for dinner.

The only way to be absolutely sure which food is to blame is to re-create the same situation and see if she reacts again. If you feel that a particular food is causing your baby problems, stop eating it for a while. Later, try a small amount of that food. If the baby doesn't react, eat more next time.

If your baby seems very fussy, try keeping a record of what you eat and drink. Discuss this with your health care professional to determine if there is an association between certain foods and your baby's symptoms.

Medicines and other substances.

If you need to take a medication, even an over-the-counter one, or a herbal supplement for any reason, check with your health care professional to make sure it's all right. If it turns out that you have been prescribed a medication that might be harmful to your baby, there may be another option that will work just as well and enable you to continue to breastfeed. Make sure that the health care professional who prescribed the medication knows that you are breastfeeding, especially if you are expressing milk to feed a premature baby.

Caffeine is known to cause fussiness and wakefulness in some babies. You may want to limit your intake of substances that contain caffeine, such as chocolate, coffee, tea, many soft drinks (not just colas), and some headache, cold, and allergy medications.

Since alcohol passes through the breast milk to the baby, the safest choice is to not drink alcohol if you are breastfeeding. Check with your baby's health care professional for specific recommendations on how to reduce the risks to your baby if you are thinking about drinking alcohol on a special occasion.

Mothers who smoke cigarettes might produce less milk and have problems with milk let-down. Health Canada advises against smoking while breastfeeding because harmful chemicals from cigarettes pass through the milk to the baby. Babies who are around smoke are more likely to get respiratory illnesses, such as coughing and asthma as well as ear infections. There also seems to be a connection between passive cigarette smoke and sudden infant death syndrome (SIDS). Consult your health care professional for advice and support if you are a smoker.

No breastfeeding mother should ever use illegal drugs of any kind.

Engorgement. Sometimes, mothers experience engorgement as their milk supply increases, or “comes in”. This usually occurs within the first couple of days. If your breasts become engorged, they will feel full, swollen, tender, and warm to the touch. You may have swelling that extends up under your arms, since you have milk ducts there, too. The swelling can flatten out your nipple, perhaps making it difficult for the baby to latch on properly and leading to nipple soreness.

The engorgement should be gone or greatly decreased within 48 hours. If it is not, it might be a good idea to get help from a lactation consultant. If the engorgement goes unrelieved, it can affect your milk supply.

The best way to prevent engorgement is to breastfeed your baby frequently, day and night, right from the start, making sure that he is correctly latched on.

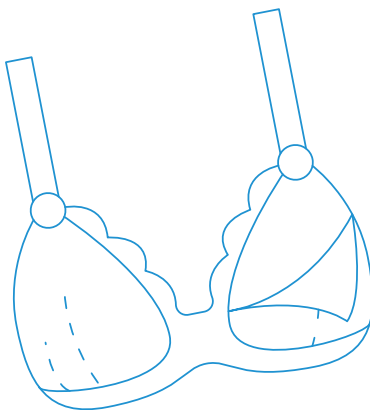
If your breasts become engorged, the following measures may help:

- *Apply warm, moist compresses (hot washcloths or towels) right before feeding for about 5 minutes only. More heat than this may actually increase the swelling.*
- *Massage your breasts, expressing some milk, to soften the areola so that your baby can latch far enough onto your breast. Wearing breast shells for about 30 minutes before the feeding can promote leaking and soften the areola.*

- Gently massage your breast as your baby breastfeeds to help the milk flow freely.
- Feed your baby as often as he will breastfeed (at least every 3 hours) and for as long as he breastfeeds, and from both sides, if possible. Unfortunately, his tummy will be getting fuller than before, and he may want to shorten the length of his feedings, just when you would like him to breastfeed longer.
- If your baby doesn't feed frequently and vigorously from both breasts, use a breast pump or hand-express milk after each feeding from the side he didn't feed from. This will help relieve the engorgement and maintain your milk supply.
- After breastfeeding and between feedings, put cold compresses or cloth-covered ice packs on your breasts to reduce the swelling. Refreezable ice packs or even bags of small frozen vegetables, such as peas or corn, work well as ice packs because they can be wrapped around the breast. Your breasts should soften somewhat after breastfeeding, but they will still be quite hard until the swelling goes down.
- Avoid underwire nursing bras, as they can put additional pressure on engorged breasts and increase the risk of plugged milk ducts.
- If the engorgement is painful, you can safely take a mild analgesic to relieve the discomfort, as recommended by your health care professional.
- If these measures don't seem to help, a lactation consultant can discuss other types of treatments with you.



The best way to prevent engorgement is to breastfeed your baby frequently.



Sore nipples. Sore nipples are probably the most common complaint in the early days of breastfeeding. A new mother might be surprised at how much discomfort she has and even think about giving up breastfeeding.

The following information might help you resolve your sore nipple problem and go on to breastfeed your baby for as long as you planned.



SORE NIPPLE CONDITIONS

SYMPTOM	POSSIBLE CAUSE
Bruises on skin around nipple	Baby is latching on off-centre, which is especially common with flat or inverted nipples; mother is using breast pump incorrectly
Crack or scab across centre of nipple	Baby is not latched on correctly; unusual shape of roof of baby's mouth
Crack or scab on underside of nipple	Baby may have lower lip rolled in while sucking at breast
Soreness of entire nipple	Incorrect latch-on of baby with a very strong suck; baby pulling tongue back with each suck (produces a "biting" effect); baby curling tip of tongue up; mother not breaking suction properly before removing baby from breast; mother not supporting breast during feeding; yeast infection of nipple
Soreness, blisters, bruising, or horizontal red stripe on tip of nipple	Baby not latching on far enough; mother holding breast in a way that makes nipple point up or down during latch-on; baby not sucking properly
Soreness or bruising on top of nipple	Baby not correctly latched on or not sucking properly
Burning of nipple during feedings, right after feeding, and/or between feedings	Yeast infection
Bright red or pink nipple; may appear chapped or flaky	Yeast infection; skin irritation from friction or from lotion, cream or soap being used on breasts; improper use of breast pump

It's normal to feel some nipple tenderness in the first few days of breastfeeding. This often peaks around the third day after birth and goes away in the next several days. But if you feel pain past the first 30–60 seconds after your baby has latched on to the breast, if the soreness continues to get worse, or if you have pain that starts several days after you begin breastfeeding, something may be happening that needs more attention.

The most frequent cause of sore nipples is improper positioning of the baby during latch-on (see “*Correct latch-on*”, page 12). The two most common mistakes new mothers make are 1) not waiting for the baby's mouth to open wide enough before attempting latch-on and 2) not pulling the baby far enough onto the breast so that his nose, cheeks, and chin all touch the breast.

The soreness caused by an improper latch-on is due to injury to the nipple and surrounding skin, such as blisters, cracks, scabs, and/or bruises. Another cause of nipple soreness can be simple irritation of the nipple or surrounding tissue. If nipple soreness is caused by irritation, the nipple skin will be bright pink or red and might burn. It's possible to have both types of nipple soreness at the same time.

It's important to determine what is causing your nipple soreness so that you can correct the problem. The chart on page 32 might help you identify the cause(s). Keep in mind that if it hurts when you breastfeed on the first day of nursing, if your nipples burn while feeding or after or between feedings, or if the soreness does not improve after 2 or 3 days of consistently trying to correct the problem, you should get help from your health care professional or a certified lactation consultant.

Incorrect latch-on. Go back and review “*Correct latch-on*” (page 12) and “*Breastfeeding positions*” (page 14).

It's possible that your baby latches on correctly at the beginning, but that during the feeding, his mouth slips partly off your breast, ending up in the wrong place. If you pay close attention, you will be able to tell when this happens. Break the suction, remove your baby, and begin again with a correct latch-on. He should remain snugly against you if you use pillows to both support him and your arms.

Sometimes, a mother starts to experience problems with sore nipples after her milk supply increases and she is engorged. Engorgement leads to very full breasts and taut nipples, which are a challenge for the baby to latch on to. Refer to “*Engorgement*” (page 30) for help if this happens.

Baby not sucking properly. See the section on signs of incorrect latch-on (*page 13*) to help you determine if your baby is sucking properly.

Baby rolling bottom lip under. Try to get your baby to open her mouth wider during latch-on. If this fails to correct the problem, pull down gently on her chin with the side of your index finger after she has latched on. Her lip should open out.

Not breaking suction when taking baby off breast. If you need to take your baby off your breast before she has finished a feeding, be sure to insert a finger into the side of her mouth to break the suction before removing your breast. Make sure you have carefully washed your hands before breastfeeding.

Unusual shape of roof of baby's mouth. Babies come in all shapes and sizes, and this includes differences in the inside of their mouths. If your baby's palate (the roof of her mouth) has a dome shape, you may have unusually sore nipples at the beginning of your breastfeeding experience. You need to be especially careful about positioning, and you might benefit from wearing breast shells

for 30 minutes before feedings and putting breast milk on the nipple skin to promote healing. The nipple skin should eventually heal, and sore nipples will cease to be a problem.

Skin irritation: red, pink, chapped, or flaky. Be sure to wash your breasts only with warm water unless you are told to do otherwise by your baby's health care professional.

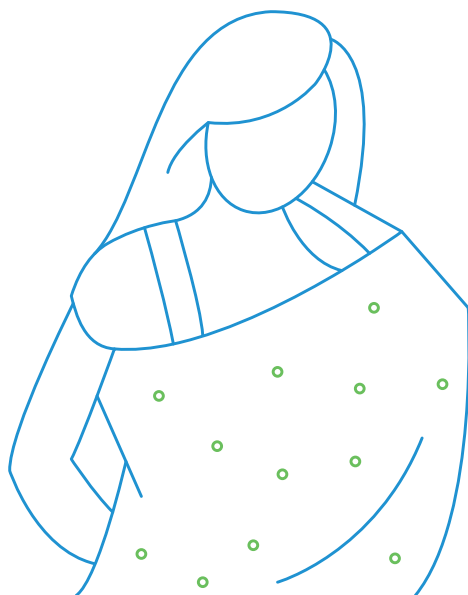
Soaps and some lotions or creams can irritate the skin and make problems worse. However, there is a hypoallergenic lanolin made especially for breastfeeding mothers that is soothing and healing and does not need to be removed before your baby breastfeeds. Other things that can cause irritation include cologne, deodorant, hair spray, and powder. Try putting cool, moist compresses on your breasts after breastfeeding. Or try expressing some milk after feedings and apply it to your nipple. Wearing a bra that is too tight or one with a seam that rubs the nipple may also cause irritation.

If your nipples are so sore that you can't tolerate the pressure of your bra or clothes rubbing against them, consider using breast shells specifically designed for sore nipples. These have large nipple openings and a hole for promoting air circulation inside your bra.

If you are using a breast pump, be sure to start out gently each time. Don't pull too hard (with a hand pump) or turn the setting of an electric pump too high (see “Using a breast pump”, page 38).



Be sure to wash your breasts only with warm water.



You might need to see your health care professional or a lactation consultant if these suggestions do not solve the problem.

Yeast infection. Yeast is a fungus that can cause symptoms in your nipples and milk ducts and your baby's mouth and diaper area. The most common symptoms in babies are white patches in the mouth and/or a red, raised diaper rash. In mothers, possible symptoms include bright red or pink nipple skin that may be accompanied by flaky or itching skin or a burning sensation. Sometimes, the only symptom is extreme soreness during the whole feeding when the baby appears to be latched on properly. In the event of a yeast infection, both you and your baby would have to be treated at the same time or the infection will come right back. It can be passed back and forth between the two of you during feedings. If you suspect that you or your baby has a yeast infection, call your health care professional. Both you and your baby may require medication to cure the yeast infection.

EXPRESSING AND STORING BREAST MILK

What is expressed breast milk? It is your milk that has been collected in a container by using a pump or your hand. Your milk can vary in colour and consistency according to the time of the day it is expressed and to your baby's age. The amount you are able to express in one session will also vary, depending on when your baby was last fed, how old he is, how much practice you've had at expressing, and how much milk you are producing. If you have just had your baby, it is normal to get only small amounts of colostrum. Although the amount of colostrum is small, it is very important for your baby's health and should be saved and fed him.

Your baby is usually more effective at removing milk from your breasts than any method of expression.

When would you need to express your breast milk? There are many circumstances when you might need to express your breast milk. Any situation that requires you to be away from your baby for more than a few hours or for a few feedings may make it necessary to express some milk.

In the first few days, as your milk supply increases, your breasts might become engorged (see *"Engorgement"*, page 30). Expressing some breast milk will enable your baby to latch on more effectively.

Or perhaps your baby was born early or is sick, and is not yet ready to go to the breast. You can express your milk for it to be fed to your baby through a tube until breastfeeding is possible.

Pumping can also help to pull out or stretch flat or inverted nipples when the baby is having difficulty latching on. Some mothers need the extra breast stimulation that pumping provides in order to maintain their milk supply due to an infant's weak or ineffective suck. This can happen with a sleepy full-term infant or a premature infant.

How do you express your milk? Your situation might dictate which expressing method you use. For example, if you need to be away from your baby full-time at work or school, or if your baby is premature or sick and unable to breastfeed, it is recommended that you rent an electric pump. Select one with a double pumping kit so that you can pump both breasts at once and cut the time in half. If you need to be separated from your baby only occasionally, a hand pump or hand expression may suit your needs.

Expressing milk by hand

- Wash your hands.
- Place one hand at the edge of the areola of one breast, with your thumb above and your fingers below the areola and the nipple in the centre (see Figure 12). Your fingers and thumb should not be moved on the skin, as this leads to pinching of the nipple. Pull back toward your chest, press your thumb and fingers together to squeeze the breast, and then roll them forward toward your nipple. Hold your thumb and fingers in this squeezing position as long as milk is coming out. Then let go. Do the same thing again. Continue to use this “milking” action in a rhythmic manner.
- Move your hand around the areola to reach all parts of each breast. Alternate between breasts, continuing until enough milk has been expressed.
- Remember that hand expression is like any other manual skill: It takes practice before you become good at it.



The amount you are able to express in one session will also vary.

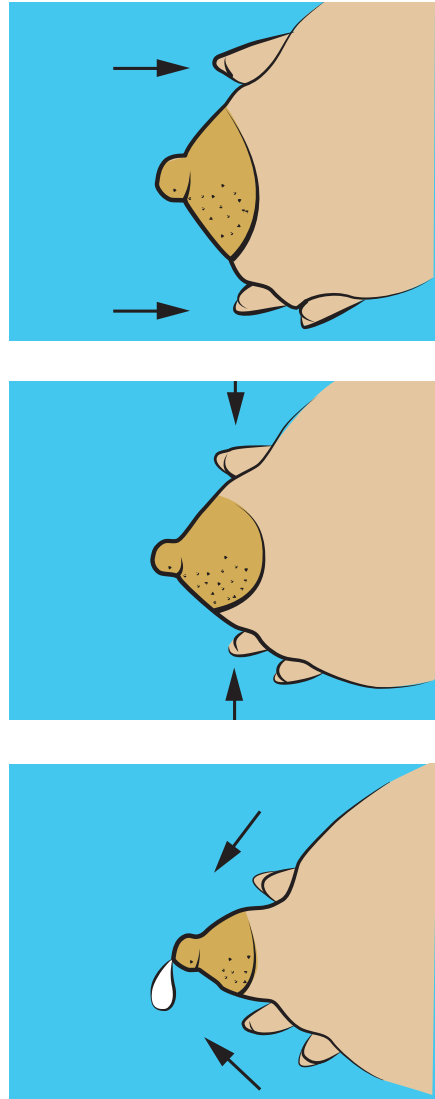


Figure 12. Expressing milk by hand

USING A BREAST PUMP

Several different types of breast pumps are available:

Hospital-grade pumps produce the closest imitation of both the pressure and rhythm of a baby's sucking action. They are the most appropriate choice when breastfeeding is going to be delayed for a considerable amount of time (as with a premature baby) and the most convenient if the mother will be away from her baby for long periods on a regular basis (as when returning to work or school).



A double-pump setup permits pumping both breasts at the same time. The advantages are that it takes half the time to pump and can increase the level of prolactin, the hormone that tells your body to make milk. With a double pump, it usually takes 10–15 minutes to express your milk. If you do one side at a time, it will take 10–15 minutes per side.

These pumps are expensive to purchase, but they are available for rent on a weekly, monthly, or longer basis. They can usually be rented from hospitals, medical supply companies and pharmacies. If your baby is sick or premature, the cost of the pump rental may be covered by insurance. Check with your lactation consultant or a nurse from your hospital.

If you use one of these pumps, follow the use and cleaning instructions from the pump rental agency and the manufacturer.

Small handheld battery or electric pumps are used to collect milk from one side at a time. They vary in type and quality, from good to ineffective. Before purchasing one, talk to someone who has used a handheld pump successfully or ask a certified lactation consultant for advice on which type to choose. This kind of pump is probably more appropriate for a limited amount of pumping, as when the mother collects milk for an occasional separation from her baby. With practice, expressing her milk should take her no longer than about 30 minutes. If you use this type of pump, follow the manufacturer's instructions.

What if you have problems?

If you have difficulty expressing your milk, don't panic. This doesn't necessarily mean that your milk supply is low. Some of the following tips might help you.

- *Relax. For about 5 minutes before you start expressing, sit or lie in a comfortable, quiet place and close your eyes. Take several slow, deep breaths for the first few minutes. When you feel yourself relaxing, picture in your mind either your baby breastfeeding well at your breast or your milk flowing freely from your breasts as you express.*
- *Get into a “pumping routine” by always pumping in the same location(s) and keeping a picture of your baby, one of her toys, or a blanket to look at while you pump.*
- *Try putting warm compresses on your breasts for a few minutes before expressing.*
- *Massaging, stroking, and gently shaking your breast can help your milk to let down before and between episodes of expressing. There are several different breast massaging techniques.*



Here's one of them:

- *After washing your hands, place your fingers on an area of your breast, starting back by the chest wall. Pressing firmly on your chest, move your fingers around in small circles. After a few seconds, move your fingers to the next area and massage. Do this all over your breast, moving little by little down toward the nipple. Repeat for the other breast.*
- *Next, do a light stroking all around the breast from the base toward the nipple. Repeat for the other breast.*
- *Then lean over and, with your back parallel to the floor, shake your breasts gently back and forth for a few seconds.*

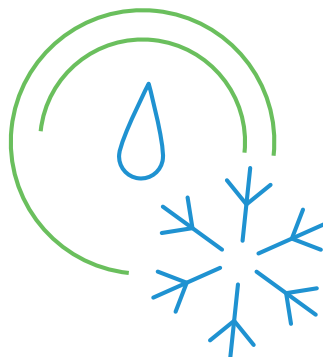


With practice, expressing your milk should take no longer than about 30 minutes.

STORING AND HANDLING YOUR BREAST MILK

The following is the basic procedure for storing and handling your milk. If your baby is sick or premature and is in a special-care nursery, check with your health care professional, as the recommendations may be different.

- Wash your hands before touching your breasts, any of the breast-pump parts, or your expressed milk.
- Transfer your expressed milk into a clean glass or rigid plastic, food-safe container, or a heavy-duty breast milk bag for storage.
- Label the container with the date and time the milk is collected so that you can be sure that you use the oldest milk first. You may also want to mark the amount of milk you collected.
- Place the container in a cooler or the refrigerator immediately (see specific storage and handling guidelines in the chart on page 41).



- Wash all the pump parts that came into contact with your breast milk in hot, soapy water after each use and rinse well with hot water. Follow the manufacturer's recommendations about putting pump parts in a dishwasher. Milk storage containers should be washed the same way if they are to be reused.
- Freshly expressed milk contains antibacterial factors that permit it to be kept at room temperature for up to 4 hours. But to be on the safe side, place your milk in a cooler or the refrigerator as soon as possible.
- If you intend to freeze your breast milk, do so within 24 hours after it is expressed. Before freezing, chill the milk in the refrigerator. Remember to leave 2.5 cm of space at the top of the container to allow for the expansion that occurs during freezing.
- Freeze your milk in small (60- to 120-mL) portions that will thaw fairly quickly.

STORING YOUR BREAST MILK

Guidelines for healthy, full-term infants¹

PLACE	TEMPERATURE	TIME
Room temperature	16–29°C or 60–85°F	3–4 hours optimal, 6–8 hours acceptable under very clean conditions
Small, hard-sided cooler with blue ice pack	15°C or 59°F	24 hours
Refrigerator	≤4°C or 39°F	72 hours optimal, 5–8 days under very clean conditions
Freezer	<–18°C or <0°F	6 months optimal, 12 months acceptable

THAWING FROZEN BREAST MILK¹⁻³

DO:	<p>Thaw the container of frozen breast milk gradually in the refrigerator, under increasingly warm running water, or in a bowl of warm water.</p> <p>After the thawing is complete, gently swirl the container to mix the milk before feeding it to the baby because the milk may separate while standing.</p>
DO NOT:	<p>Defrost the container of breast milk using boiling or very hot water.</p> <p>Defrost the container of breast milk in a microwave oven. Uneven heating may cause “hot spots”, which could burn your baby. Also, microwaving can alter proteins and destroy certain components of the milk.</p>

References: **1.** Breastfeeding Medicine, Vol. 5, No. 3, 2010. ABM Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants (Original Protocol March 2004; Revision #1 March 2010). **2.** Lawrence RA, Lawrence RM. Breastfeeding: A Guide for the Medical Profession. 6th ed. Philadelphia: Elsevier Mosby; 2005. **3.** Robbins ST, ed. Infant Feedings: Guidelines for Preparation of Formula and Breast Milk in Health Care Facilities. Chicago: American Dietetic Association; 2004.

SPECIAL BREASTFEEDING SITUATIONS

Alternate feeding methods

If you are unable to feed your baby at the breast or if she needs a supplement for any reason in the very early days, there are other ways of feeding her besides giving her a bottle. Although bottle-feeding is the most common choice for supplementation, it may interfere with breastfeeding, especially in babies under 4 weeks of age.

Even though many babies do fine with a supplemental bottle, many parents do not realize that there are alternatives. These options include feeding from a cup, a spoon, an eyedropper, or a syringe. A device called a “nursing supplementer” can also be used (see Figure 13). If you are interested in using one of these alternate feeding methods, ask your health care professional or a lactation consultant to show you how.

When you and your baby are first learning to use a alternate feeding method, it may seem awkward. (Bottle feeding takes practice, too.) But within a day or two, your baby should be able to feed easily and quickly by whatever alternate method you have been taught.

Figure 13. Nursing supplementer



COMMON CONCERNS IN LATER WEEKS

About the baby

Crying/Colic. Many new parents have a mental image of their baby calmly and happily resting in a crib while they go about their daily tasks. It can be concerning if your baby seems to cry a great deal of the time she is awake. It is normal for your baby's crying to make you uncomfortable, but crying can be nature's way of ensuring that you will attend to her needs.

Most babies have fussy periods during the first several weeks of life, usually more frequently than their parents had expected. Crying in the late afternoon and early evening is very common. Some babies seem to have their fussy period later in the evening.

When their baby cries, many parents mistakenly blame their lack of experience or their anxiety for the amount of fussiness. Some breastfeeding mothers wonder if their baby is crying because they don't have enough milk or if something is wrong with their milk. To make sure that your baby is getting enough to eat and is not crying because of hunger, you may want to have her intake and weight gain checked by her health care professional.

Regardless of how frustrated you might be, **never shake your baby.** Shaking a baby can cause blindness, serious brain damage, and even death. When a baby is shaken, his head is not supported and moves back and forth, which can cause severe damage inside the skull. This is known as shaken baby syndrome.

Coping with your newborn's crying may be the most difficult part of your role as a new parent. Here are some strategies to help you manage it:

- *Breastfeed. Even though your baby may not be hungry, the sucking and her closeness to you may be all she needs to calm down and put herself to sleep. One of the wonderful things about breastfeeding is that it is more than just food — it is a way of comforting your baby that only you can provide.*
- *Breastfeed your baby before she is fully awake and crying to be fed (when she is in the quiet alert state). Babies usually give subtle “feeding cues” for a time before they get frantic and cry for a feeding. These cues include rooting, trying to put their hand in their mouth, and licking and smacking their lips.*
- *Try to burp your baby more frequently. She may have air in her stomach that is making her uncomfortable.*
- *Try wrapping her snugly in a blanket (swaddling) and holding her very close to your body. Make sure that she is warm enough but not too hot, as some babies are very sensitive to heat.*
- *Try taking off everything but her diaper and then holding her on your chest against your skin. Put a blanket over both of you to stay warm. Most babies find skin-to-skin contact very soothing.*

- *Make sure that none of her clothing is too tight for comfort. Try changing her diaper.*
- *Movement often helps babies calm down. Swaying back and forth or **gently** “bouncing” up and down might work. Some babies respond to a rhythmic patting or rubbing of their backs. Simply walking around with your baby in your arms or in an infant carrier (sling) may be enough to get her to sleep. Many babies are comforted by being rocked in a rocking chair. Or you can try putting her in a stroller and taking a walk. Even if she doesn’t settle down, the fresh air might help brighten your outlook.*
- *Babies tend to cry less when they are with someone. Spend time snuggling with her while you are both awake.*
- *Older babies can be soothed with a warm bath.*
- *Look around at your baby’s environment while she is crying. Are there lots of stimulating things around her? Some babies are sensitive to overstimulation.*
- *Join a new-mothers group so that you can meet and talk to others who are going through the same things. They can offer some good suggestions, and it always helps to talk to someone who understands!*

Many parents have heard stories about colic and, when their baby seems overly fussy, worry that she has it. Parents whose infants have colic often describe them as extremely difficult to console or demanding and intense. During periods of intense crying, it seems that nothing works to calm the baby and that something must be wrong.

If you feel that there is something wrong with your baby, it would be a good idea to have her examined by her health care professional. But there are many things that can cause a baby to cry. Several of them were discussed above. We still don’t fully understand what causes colic, and there are many different theories (and perhaps many different causes) for this kind of behaviour.

Finally, some babies are just fussier than others and cry more frequently and for longer periods. If this describes your baby, sometimes your attempts to soothe her might be ineffective.

Growth spurts. Sometimes, your baby may want to be breastfed more often. These times are referred to as “frequency days”. They indicate that he is probably going through a growth spurt. Babies have brief periods when they seem to have a sudden increase in their growth. Your baby will want to feed frequently, which will build up your milk supply to meet his new growth needs. It is important to let him breastfeed as often as he wants for the first few days that this growth spurt lasts. Once your milk supply has increased, your baby should settle back down into a pattern. He will feed for about the same length of time as before but will take more milk at each feeding to satisfy his growth needs. Typical times for growth spurts are at 2–3 weeks of age, 6 weeks, and 3 months, although these spurts can occur at varying times.

Breastfeeding “strike”/breast refusal.

A breastfeeding strike occurs any time your baby refuses to breastfeed at all. Most strikes can be overcome and breastfeeding can resume as usual. Sometimes, this takes only hours, but it can take several days and a lot of patience. Determining the cause of the strike can be crucial to solving the problem. The table on the next page lists some of the causes.

These suggestions might help get your baby to take the breast:

- *Breastfeed her while she is sleepy. Babies who have fed well before a strike will often take the breast before they are fully awake.*
- *Try to breastfeed in different positions than usual.*
- *Try to get your baby to latch on while you are walking or rocking. The motion may make her more likely to breastfeed.*



Try to breastfeed in different positions than usual.

- *Use skin-to-skin contact as described in “Crying/Colic”, page 43.*
- *Hand-express or pump before feeding to get your milk flow started.*



BREAST REFUSAL CAUSES AND SOLUTIONS

CAUSES	SOLUTIONS
Reduced milk supply <i>(baby frustrated by the lack of milk)</i>	Call a health care professional or a lactation consultant for evaluation if your baby has a weak or ineffective suck. Pump to increase your milk supply. Breastfeed more frequently for longer periods. Switch back and forth between breasts frequently, as this might help increase your milk supply.
Yeast infection <i>(baby has sore mouth)</i>	See section entitled “Yeast infection” (page 35). Both you and your baby will need to be treated.
Pain <i>(such as from an injury or infection)</i>	Change your baby’s nursing position so that no pressure is placed on the sore spot.
Congestion <i>(baby can’t breathe through nose)</i>	Keep your baby in an upright position. Breastfeed in a room where there is a vaporizer running. Ask your baby’s health care professional about using salt water drops and a nasal aspirator before feedings to clear her nose and make breathing easier.
Ear infection <i>(sucking may increase pressure in baby’s ear)</i>	Check with your baby’s health care professional regarding the appropriate treatment. Keep her in an upright position right before and during feedings. Offer short, frequent feedings until the pain in her ears subsides.
Reactions to mother’s perfume or makeup	Stop using the products to see if your baby resumes breastfeeding.
Overstimulation, stress, or emotional upset <i>(any stressful event, such as a move or prolonged separation from mother may cause stress)</i>	Make sure that your baby’s feeding times are not too rigid or frequently interrupted. Try staying home and feeding in a quieter environment for a few days. Stay close to your baby after a prolonged separation. Talk quietly to her while breastfeeding. Eliminate as much stress as possible from your life.

If your baby continues to refuse your breast and you can’t figure out why, consider expressing your milk and feeding it to her in another way suggested by a certified lactation consultant.

WHILE YOU BREASTFEED

About yourself

Your activities. There are no health or medical reasons why breastfeeding mothers can't engage in sports and exercise. After the initial postpartum period is over (4–6 weeks) and your body has had a chance to recover from the birth, you should be able to resume the athletic activities you had been doing before you became pregnant. The only exception is that it is best to avoid contact sports, since they could result in injuries to your breast(s).

The increased physical activity could trigger the leaking of breast milk. If you breastfeed right before participating in a sport, leaking is less likely to be a problem. It is a good idea to wear a sports bra, since your breasts are larger than before pregnancy and the support will be welcome.

Women have sometimes complained that their baby refused to breastfeed (or fed very unenthusiastically) right after they exercised. If this happens to you, it may be because when you exercise vigorously, lactic acid appears in your breast milk. Lactic acid is a product of normal body function, but it can make your milk taste sour.

Although your baby may not like the taste of your milk, the lactic acid won't hurt him. Within about an hour after you have finished exercising, the sour taste should be gone.

Returning to normal. One of the benefits of breastfeeding that mothers often list is the help it gives in returning to their pre-pregnancy size. Breastfeeding consumes a large amount of energy (calories) and can actually speed up weight loss. You will discover that you get hungry and thirsty while breastfeeding. You will need to attend to these signals.

After the first few postpartum weeks, the rapid and radical changes that your body has undergone since delivery will slow down. You might still have puffy hands, legs, or feet for a few months. Some women experience “night sweats” for a few weeks. When these occur, you may wake up during the night to find yourself drenched with perspiration and needing a complete change of clothes. These sweats are not due to breastfeeding, but rather to hormonal “ups and downs”.

Another postpartum event that is often unexpected and that can occur 6–12 weeks after giving birth is a certain amount of hair loss. Although seldom severe, it can continue for several months. Both breastfeeding and bottle-feeding mothers experience it. It, too, is caused by the influence of hormones, which take hair follicles from a growth phase (present throughout pregnancy) to a resting phase.

Many women experience anxiety, mood swings, irritability, and other emotional changes, some of which last well past the first few weeks. Get enough rest, take breaks from baby care, exercise (even if you just take regular walks around the block), and spend time with other adults. All these help prevent severe depression. Joining a new-mothers group, where you can take your baby and talk to other mothers, may help. If you continue to be unable to focus on simple tasks or have difficulty taking care of yourself, seek help from a counselor.

Your normal menstrual cycle will probably not resume while you are breastfeeding. In fact, most women do not have menstrual periods until the frequency of their breastfeeding is lower (such as when the baby starts to eat solid food, sleeps through the night, or receives regular feeding supplements). Be aware that neither breastfeeding nor lack of menstrual periods will necessarily prevent pregnancy. Talk to your health care professional about methods of birth control.

Plugged ducts/mastitis. It's normal for your breasts to generally feel lumpy because the milk ducts are filling and emptying during the course of the day. Any lump that remains unchanged for 3 days should be evaluated by your health care professional.

If you feel a painful lump in your breast, you probably have a small blockage in a milk duct. The skin over this area may be red and slightly warm to the touch. When you have a plugged duct, your milk cannot flow out of the area behind the blockage and it backs up.

This causes that area of the breast to stay full, even after the baby has finished feeding.

Plugged ducts are more common during the first 3 months of breastfeeding and can occur for a number of reasons. One of the most common causes is skipping a feeding or two, such as when the baby starts to sleep through the night. Bras that are too tight or have an underwire that presses on a milk duct — or anything that puts too much pressure on a duct — can cause plugging. The plug by itself doesn't require any treatment with medication, but, if left unattended, it may turn into a breast infection (called mastitis).

The key to relieving a plugged duct and preventing mastitis is to keep the milk flowing freely from the affected breast.

Strategies to accomplish this include:

- *Taking your bra off when you breastfeed.*
- *Applying warm heat (compresses) to the area of the plug for 15 minutes before feeding.*
- *Breastfeeding frequently and, for 24–48 hours, starting all feedings on the side where the plug is. If your baby usually breastfeeds only on one side during a feeding, have her feed on the side with the plug for as long as possible and express milk from the breast without the plug.*



- Massaging the area above the blockage while breastfeeding to help dislodge the plug.
- Positioning your baby so that her chin points toward the side with the plug for maximum suction from that area. In other words, if the plug is on the outside of the breast, putting her in the football hold would be ideal.
- Getting more rest for at least a few days to increase your resistance to infection.
- Watching for signs that you have developed mastitis: a fever over 38°C (101°F) with chills and body aches. Call your health care professional if you have these symptoms, as you will probably need to take an antibiotic.
- Go to bed, preferably with your baby.
- Follow all the steps listed for getting rid of plugged ducts.
- DO NOT stop breastfeeding. Stopping the flow of milk will slow your recovery and make the breast pain quite a bit worse.
- If you are expressing milk to feed a preterm or sick infant in a special-care nursery and develop mastitis, inform your baby's health care professional immediately.

Leaking. Many mothers find that after the first few weeks of breastfeeding, their breasts leak milk at certain times. Some women consider this only a minor annoyance and take it in stride; others find it a major disturbance.

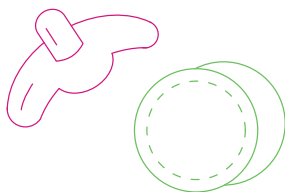
If you get a breast infection, it is not your milk that will be infected, but rather the tissue surrounding the ducts. You might suddenly feel as if you are coming down with the flu and, along with your flu-like symptoms, you will have a sore and probably reddened area on the breast (usually on only one). If you are particularly run-down from stress and fatigue, have had a cracked nipple or a plugged duct, or have skipped several breastfeedings, you are more likely to get mastitis.

Here are some appropriate treatment measures:

- Call your health care professional immediately. Studies have shown that a delay in treatment can lead to further complications.

The most common time when breasts leak milk is when it has been a while since the last breastfeeding. The sight of a baby, the sound of crying, or even the thought of your child can trigger a let-down, or milk ejection. Leaking may be a sign that your breasts are getting overly full, and breastfeeding or expressing milk more often may decrease the leaking. It's most common during the first few months of breastfeeding and often stops or lessens by the time the baby is about 3 months old.

Breast pads or nursing pads worn inside your bra between feedings will keep your clothing dry. You can buy disposable nursing pads or cloth ones that can be washed and reused. Some mothers even use cut-up cloth diapers or handkerchiefs folded into quarters. Regardless of which kind of pad



you use, make sure it doesn't have a plastic lining, which could hold in too much moisture and cause an infection. Also, replace wet breastfeeding pads with dry ones as soon as possible.

When you feel your milk letting down in a non-feeding situation, apply direct pressure over your nipples to stop the flow. You can do this discreetly by crossing your arms and putting direct pressure against the nipples with the heels of your hands. (If you have plugged ducts or mastitis, however, this may not be a good idea.) Many mothers find that milk drips from one breast while their baby is breastfeeding from the other one. You can let the milk drip into a cloth diaper or towel to avoid getting wet. You may leak milk at night, especially when the baby starts to go for longer intervals between nighttime feedings. If this is a problem, wear extra nursing pads inside your bra and sleep on a bath towel to keep your sheets dry. If you are away from your baby for longer stretches, such as at work, wear clothing that will camouflage the wetness, such as print blouses — preferably not silk! — and keep a jacket or sweater on hand as a coverup.

Taking an extra bra and top to work can help you deal with occasional problems of leaking.

If you try all of these suggestions and milk still gets on your sheets and clothing, rest assured that it should wash out easily and should not stain. And the leaking should end within 3 months.

Traveling with your breastfed baby

When you travel with your breastfed baby, you will not need to take along any bottles or other feeding equipment. If you are flying, it would be a good idea to breastfeed during both takeoff and landing. Sucking and swallowing will alleviate any discomfort in the baby's ears due to pressure changes. When traveling as passengers in cars, never take your baby out of his car seat to breastfeed while the car is in motion.

Breastfeeding in public

You can breastfeed while you are away from home and hardly be noticed. To make nursing as easy and as discreet as possible:

- *Choose clothes that will work well for breastfeeding, such as loose tops that can be raised. Once the baby is in position and breastfeeding, the top will rest around your baby's head and upper body so that your breast is not seen. If you wear a top that buttons up the front, unbutton it from the bottom just far enough so you can put the baby up to your breast.*
- *Drape a baby blanket, cardigan sweater, or jacket over your shoulder and your baby as an additional cover.*
- *You can buy clothing made specifically for this purpose.*
- *Wear bras that give you easy access to your breast with one hand. Then you can simply slip your hand and your baby under your blouse at feeding time.*

SUMMARY

Breastfeeding gives your baby a loving foundation for a healthy life. For every day that you breastfeed, you will have the satisfaction of knowing that you are enriching both your baby's life and your own.

Publications for parents

If you would like additional information on the topics in this booklet, the following books are good sources:

Meek JY, Yu W. New Mother's Guide to Breastfeeding, 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2011.

Spangler A, Rivera CA. Breastfeeding: A Parent's Guide, 9th ed. Atlanta, GA: Self-published, 2010.

Eiger MS, Olds SW. The Complete Book of Breastfeeding, 3rd ed. New York, NY: Workman Publishing, 1999.

Neifert M. Dr. Mom's Guide to Breastfeeding. New York, NY: Penguin Putman, Inc., 1998.

Wiessinger D, West DL, Pitman T. The Womanly Art of Breastfeeding. Random House Digital, Inc., 2010.

Electronic resources for parents

La Leche League Canada: www.lllc.ca

From Tiny Tot to Toddler: a practical guide for parents from pregnancy to age two (2017).
<https://www.inspq.qc.ca/en/publications/2053>

APPENDIX

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- Government of Canada. Breastfeeding your baby. [Internet] 2020 [cited May 2021]. Available from: canada.ca.

APPENDIX:

Breastfeeding log

DATE / /	NAME				
Time	Feeding description	Weight (g) start/finish	Intake amount	Urine	Stool
6:00 a.m.		/			
7:00 a.m.		/			
8:00 a.m.		/			
9:00 a.m.		/			
10:00 a.m.		/			
11:00 a.m.		/			
12:00 p.m.		/			
1:00 p.m.		/			
2:00 p.m.		/			
3:00 p.m.		/			
4:00 p.m.		/			
5:00 p.m.		/			
6:00 p.m.		/			
7:00 p.m.		/			
8:00 p.m.		/			
9:00 p.m.		/			
10:00 p.m.		/			
11:00 p.m.		/			
12:00 a.m.		/			
1:00 a.m.		/			
2:00 a.m.		/			
3:00 a.m.		/			
4:00 a.m.		/			
5:00 a.m.		/			

(Conversion: 30 mL of intake = 30 grams of weight gain)

Sample of a 24-hour log during the early weeks. You can use this chart to give you and your baby's care provider the amount of detail needed (such as the amount of milk or the amount of time spent during each feeding). For some babies, only "BR" or "BO" may be enough. For others, more specific information may be helpful. The following codes will give you some ideas.

DATE / /	NAME				
Time	Feeding description	Weight (g) start/finish	Intake amount	Urine	Stool
6:00 a.m.		/			
7:00 a.m.		/			
8:00 a.m.		/			
9:00 a.m.		/			
10:00 a.m.		/			
11:00 a.m.		/			
12:00 p.m.		/			
1:00 p.m.		/			
2:00 p.m.		/			
3:00 p.m.		/			
4:00 p.m.		/			
5:00 p.m.		/			
6:00 p.m.		/			
7:00 p.m.		/			
8:00 p.m.		/			
9:00 p.m.		/			
10:00 p.m.		/			
11:00 p.m.		/			
12:00 a.m.		/			
1:00 a.m.		/			
2:00 a.m.		/			
3:00 a.m.		/			
4:00 a.m.		/			
5:00 a.m.		/			

BR: Fed at breast.

Fore: Infant fed at the beginning of a feeding, leaving hindmilk for another infant. (This infant consumes more volume, but less fat and fewer calories.) Coded as "F" for foremilk.

Hind: Infant fed at both breasts after sibling had finished drinking the foremilk. (This infant takes less volume, but the milk contains more fat and calories.) Coded as "H" for hindmilk.

Amount: Volume of milk (if you are using a scale to measure intake). Coded as the number of mL, example: "60".

BO: Fed with a bottle.

Type: Type of milk in the bottle. Coded as mother's milk (MM) or formula (F).

YOUR NOTES

